

Case Number:	CM15-0189527		
Date Assigned:	10/01/2015	Date of Injury:	09/22/2014
Decision Date:	11/10/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/25/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Dentist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 35 year old male with an industrial injury date of 09-22-2014. Medical record review indicates he is being treated for traumatic injury to the teeth mandible and face, bruxism-clenching and grinding of the teeth and bracing of the facial muscles, Xerostomia, myofascial pain of the facial musculature, capsulitis; Inflammation of the right and left temporomandibular joint, internal derangements-dislocations of the right and left temporomandibular joint discs, osteoarthritis of the TMJ, mastication Impairment and aggravated periodontal disease-gingival inflammation. Subjective complaints (07-20-2015) included jaw pain, difficulty opening wide, difficulty chewing, lock jaw, loose teeth or fillings and headaches. "The patient finds he is clenching his teeth and bracing his facial musculature which has resulted in the patient developing facial and jaw pain." Prior treatment included removal of teeth, medication and dental treatments. Prior diagnostics included MRI of the temporomandibular joints (11-14-2014) is documented as: (1) Right temporal mandibular joint; intact. (2) Left temporal mandibular joint; Anterior subluxation of the left mandibular condyle during mouth opening with failure of the articular disc to capture, the findings of which likely represents articular disc injuries secondary to the patient's recent trauma. No discrete evidence for mandibular or maxillary fractures. Objective findings (07-20-2015) included severe plaque, severe calculus and severe inflammation. TMJ was sensitive to palpation on right and left. Oral cancer screening was within normal limits. On 09-14-2015 the following requests were denied by utilization review: Temperature gradient studies of the muscles; Doppler ultrasound of the TMJ (temporomandibular joints); Diagnostic salivary test.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Diagnostic salivary test: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nabl.nlm.nih.gov/pmc/articles/PMC3874545/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82 (7): 943-9. [133 references].

Decision rationale: Records reviewed indicate that this patient is being treated for traumatic injury to the teeth mandible and face, bruxism clenching and grinding of the teeth and bracing of the facial muscles and Xerostomia, myofascial pain of the facial musculature, capsulitis and aggravated periodontal disease-gingival inflammation. Per reference mentioned above, "medical and dental history review, clinical examination, and radiographic analysis. Microbiologic, genetic, biochemical, or other diagnostic tests may also be useful, on an individual basis, for assessing the periodontal status of selected individuals or sites." Since this patient has xerostomia with aggravated periodontal disease, and also considering the reference mentioned above, this reviewer finds this request for Diagnostic salivary test to be medically necessary to properly diagnose the extent of this patient's xerostomia.

Temperature gradient studies of the muscles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/1_99/0029.html.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: In the records provided there are insufficient documentation on how this temperature gradient studies of the muscles will change the proposed treatment plan. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented for this request. This reviewer recommends non-certification at this time. Therefore, the requested treatment is not medically necessary.

Doppler ultrasound of the TMJ (temporomandibular joints): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

http://www.aetna.com/cpb/medical/data/1_99/0028.html.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Prevention, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Natl J Maxillofac Surg. 2012 Jan; 3 (1): 2-9. doi: 10.4103/0975-5950.102138. Efficacy of plain radiographs, CT scan, MRI and ultra sonography in temporomandibular joint disorders. Sinha VP1, Pradhan H, Gupta H, Mohammad S, Singh RK, Mehrotra D, Pant MC, Pradhan R.

Decision rationale: In the records provided there are insufficient documentation on how this Doppler ultrasound of the TMJ (temporomandibular joints) will change the proposed treatment plan. Also, there is a recent MRI of the temporomandibular joints performed on 11-14-2014 and it's not clear to this reviewer why an ultrasound is also required in addition this recent MRI finding. Per medical reference mentioned above, "MRI was most specific and sensitive for interpretation of soft tissue and inflammatory conditions in the joint". (Sinha VP 2012) Therefore based on the records reviewed, along with the findings and reference mentioned above, as well as methods used in Dentistry, this reviewer finds this request for Doppler ultrasound of the TMJ to be not medically necessary.