

<b>Case Number:</b>	CM15-0028364		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	11/20/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2015

### 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 25-year-old male, who sustained an industrial injury on 11/20/2014. He reported injury to the face/jaw. The injured worker was diagnosed as having blunt head trauma; contusion face scalp or neck; and left mandibular fracture. Treatment to date has included medications, x-rays, and laboratory studies. A progress report from the treating provider, dated 11/21/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of constant and severe pain in the left lower jaw; facial pain; and jaw swelling. Objective findings included facial ecchymosis; oral hematoma; and tenderness to the left jaw. The plan of treatment included ice and oral maxillofacial surgery consultation. Request is being made for Mandibular repositioning device; and Trans treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mandibular repositioning device:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cranio. 2002 Oct; 20(4): 244-53. Temporomandibular disorder treatment outcomes: second report of a large-scale prospective clinical study. Brown DT, Gaudet EL Jr. PMID:12403182 Longitudinal studies of outcomes for temporomandibular disorder (TMD)

**Decision rationale:** Records from US Healthworks reviewed indicate that this patient has been diagnosed with left mandibular fracture and patient complains of constant and severe pain in the left lower jaw. Per reference mentioned above "Data indicate that untreated TMD patients do not improve spontaneously over time and that patients treated with a variety of active modalities achieve clinically and statistically significant levels of improvement with no evidence of symptom relapse after treatment completion. The use of anterior repositioning appliance therapy produced better results than flat plane splint therapy". Therefore, this reviewer finds this request for mandibular repositioning device is medically necessary.

**Trans treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation 9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2

**Decision rationale:** In this case, there is no recent documentation from the requesting dentist regarding this "Trans Treatment" and why its medically necessary. Absent further detailed documentation and clear rationale, the medical necessity for this Trans Treatment 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 IMR reviewer does not believe this has been met in this case. This IMR reviewer recommends this is not medically necessary.