

Case Number:	CM15-0057678		
Date Assigned:	04/02/2015	Date of Injury:	03/04/1997
Decision Date:	05/07/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/26/2015

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 70 year old female injured worker suffered an industrial injury on 03/04/1997. The diagnoses included temporal mandible joint disorder. The diagnostics included oral x-rays. The injured worker had been treated with medications. On 1/16/2015 the treating provider reported right jaw pain. She reported she is clenching all the time with pain in the right/left jaw joints with muscle ache. On exam there was clicking on the left side of the jaw with a reduced vertical opening. The treatment plan included Mouth Device. Requesting [REDACTED] Oral Surgeon's report dated 01/16/15 recommends a new mouth guard which is an anterior guard only from canine to canine because she cannot tolerate a full guard. Patient continues clenching grinding and bruxism of her jaw and her teeth which has a closed bite and she did not stop the clenching. Patient had a mouth guard made by [REDACTED] which she could not use it nauseated her and it was too big. On his report dated 03/13/15 [REDACTED] recommends a different mouth guard which is called an anterior guard from canine to canine. This guard will be shorter and more tolerable and may prevent her clenching better than the full guard.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mouth Device: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome.

Decision rationale: Per the reference mentioned above, regarding treatment of TMJ, "home therapy and medications are continued, but at this point, a bite appliance is made for the patient." This patient has been diagnosed with bruxism with pain and muscle spasm of the jaw muscles and her previous mouth guard is too big for her causing her nausea. Therefore, this IMR reviewer finds this request for a mouth device to be medically necessary to treat this patient's TMJ condition.