

Case Number:	CM15-0085209		
Date Assigned:	05/07/2015	Date of Injury:	12/13/2012
Decision Date:	06/12/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/04/2015

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 52-year-old male, who sustained an industrial injury on 12/13/12. He reported pain in the jaw, back and shoulders related to defensive training with the sheriff's department. The injured worker was diagnosed as having temporomandibular joint disorder. Treatment to date has included a CT scan, joint vibration analysis and an EMG. As of the PR2 dated 4/15/15, the injured worker reports jaw popping and jaw locking. The treatment plan included two intraoral orthotics that work in conjunction with one another to reduce inflammation in the temporomandibular joint and relax the muscles. The treating physician requested DME: Night Intraoral Orthotics x1 S8562.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME (durable medical equipment): Night Intraoral Orthotics X1 S8562: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Otolaryngology: Head & Neck Surgery, pg 1565-1568, Treatment of TMJ myofascial Pain Dysfunction Syndrome.

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: Records reviewed indicate that this patient has jaw joint noises and jaw locking. Treating dentist [REDACTED] most recent report dated 04/16/15 is available for review. [REDACTED] has diagnosed this patient with temporomandibular joint disorder, disc displacement with reduction. He is requesting two intraoral orthotics for this patient. [REDACTED] states that the Olmos day appliance is for the chronic disc displacement and the Olmos night appliance is to control the para-functional activity to reduce clenching and grinding for acute or chronic bruxism. However in [REDACTED] most recent report dated 04/16/15 there are no diagnosis of bruxism or subjective/objective findings of clenching and/or grinding. In his report, there is insufficient documentation on the medical necessity of two separate oral appliances. UR dentist has approved the daytime appliance. Absent further detailed documentation and clear rationale, the medical necessity for this night intraoral orthotics 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 in this case. This IMR reviewer recommends non- certification at this time and is not medically necessary.