

Case Number:	CM14-0120320		
Date Assigned:	09/16/2014	Date of Injury:	04/02/2013
Decision Date:	10/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Otolaryngology and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 68 year-old female who is reported to have sustained a work related injury on 04/02/13. She is reported to have fallen over a hoist and received a blow to face and jaw while striking cement. She has complaints of pulsing pain over the left side of her jaw, face, ear, and neck. She has previously posture photographs, iCAT volumetric images of teeth, jaw, and temporomandibular joint's. Per examination dated 06/19/14: Craniomandibular Examination- Positive to Palpation, Mild tenderness was elicited upon palpation of the following: Mastoid process-Left, Sub-Occipital-Left, Moderate pain was elicited upon palpation of the following: Intra-auricular region- Left, Lateral TM capsule- Left, Posterior diagastrics-Left, Medial Pterygoid- Left, Temporal Tendon- Left, Masseter belly- Left. Severe pain was elicited upon palpation of the following: Posterior Joint Space- Left, Deep Masseter- Left Styloid MD ligament- Left, Trapezius- Left, Radiographic Evaluation. The record contains a utilization review determination dated 07/01/14 in which requests for joint fabrication analysis, computer enhanced analysis of TMJ function, and muscle testing were non-certified as being experimental and investigational.

IMR ISSUES, DECISIONS AND RATIONALES

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

Joint fabrication analysis: Upheld

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 Other Medical Treatment Guideline or Medical Evidence: J Orofac Pain. 2013 Winter;27(1):51-60. doi: 10.11607/jop.972. Systematic review of reliability and diagnostic validity of joint vibration analysis for diagnosis of temporomandibular disorders.

Decision rationale: The injured worker complains of pulsing pain on the left side secondary to a blow to the face and jaw. She has undergone previous imaging studies including iCAT volumetric tomography. The proposed joint fabrication analysis is considered investigational and is not indicated as medically necessary.

Computer enhanced analysis of TMJ function: Upheld

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 Official Disability Guidelines (ODG) Head, Imaging

Decision rationale: Standard radiographic workup and examination are within the standard of care for TMJ dysfunction. The request for Computer enhanced analysis of TMJ function is investigational and not recommended as medically necessary.

Muscle testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/23641663>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Clinical Methods: The History, Physical, and Laboratory Examinations. 3rd edition. Chapter 163 The Temporomandibular Joint Examination Int J Comput Dent. 2013;16(1):37-58. Surface EMG of the masticatory muscles (part 2): fatigue testing, mastication analysis and influence of different factors.

Decision rationale: Beyond such testing performed as part of the physical examination, there is no need for specialized muscle testing including testing using EMG. As such, the request for muscle testing is not recommended as medically necessary.