

Case Number:	CM14-0124656		
Date Assigned:	09/26/2014	Date of Injury:	09/09/2011
Decision Date:	11/14/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/07/2014

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 licensed in Dentistry, and is licensed to practice in California. 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:

Records reviewed indicate that this is a 62 year old () male who sustained injury when he slipped and fell getting out of the shower while on a business trip on date of injury 09/09/11. The carrier has accepted the claim for chin laceration, jaw, chipped teeth, 2 fractured ribs, left shoulder and spine. report dated 06/24/14 states:" In my opinion, the cause of this patient's jaw, TMJ and dental related disorder, consisting of internal derangement of the bilateral TM joints, myofascial pain dysfunction involving the muscles of mastication and cervical musculature, aggravation of pre-existing clenching and bruxism, bite alteration, aggravation of pre-existing sleep apnea and sleep disordered breathing, and chipped and fractured teeth; was the accidental injury which occurred on 09/09/11." report dated 09/17/14 has diagnosed this patient with the following: 1. Myofascial pain dysfunction 2. Cephalgia 3. Myalgia 4. Internal derangement bilateral TMJ 5. Injury to trigeminal nerve 6. Osteoarthritis of the bilateral TMJ 7. Clenching/bruxism 8. Xerostomia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comp Cranial Neuroscan (MKG) QTY:1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association Parameters of Care 1997

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Head (updated 06/04/13) Dtsch Zahnarztl Z. 1978 Sep; 33(9):639-42. The usefulness of the mandibular kinesiograph (MKG). Bock O, Ortlieb R, Ott K.

Decision rationale: EMG tests of bilateral cranial nerves have already been authorized by UR. And according to above citation, MKG "appears to us to be unsuitable for the clinical diagnosis of abnormal movements of the mandible and disturbances in occlusion." Therefore, MKG is not medically necessary at this time.

Myocentric Registration QTY:1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association Parameters of Care 1997

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Head (updated 06/04/13) Eur J Paediatr Dent. 2007 Sep; 8(3):143-8. Neuromuscular diagnosis in orthodontics: effects of TENS on maxillo-mandibular relationship, Monaco A1, Cattaneo R, Marci MC, Marzo G, Gatto R, Giannoni M.

Decision rationale: Since UR has already authorizes a TENS test, therefore Myocentric Registration is also medically necessary in order to visualize the movements of mandible. TENS test is used to obtain Myocentric Registration. Therefore, this request is medically necessary.

Prosthetic Eval/Study Models QTY:1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association Parameters of Care 1997

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head(updated 06/04/13)

Decision rationale: Diagnostic cast study models are medically necessary at this time to evaluate this patient's prosthetic needs.

Orthotic Training QTY:1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association Parameters of Care 1997

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bruxism Management , Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA. Appliance Therapy

Decision rationale: Neuromuscular orthopedic appliance has already been authorized by UR, and therefore Orthotic training is medically necessary to train patient in the utilization of the oral appliance.