

Case Number:	CM14-0126722		
Date Assigned:	08/13/2014	Date of Injury:	12/08/2008
Decision Date:	10/09/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/11/2014

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 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 73 year old female who sustained an injury on 12/08/08 while discarding water from a mop bucket. The injured worker indicated that the bucket caused her to pull her upper torso in a way that she experienced severe pain in the right shoulder, neck, and upper back. The injured worker has been followed for complaints of both shoulder and neck pain and has previously been provided anti-inflammatory medications as well as physical therapy. The injured worker also received chiropractic manipulation followed by a work conditioning program. The injured worker has also been treated with acupuncture therapy. There were noted dental issues with the injured worker with reported bruxism. There was a dental evaluation from 06/09/14 which discussed the polysomnography findings regarding industrial related obstructive airway dysfunction. The findings did support the use of an oral appliance to help manage airway obstructions during the night. The injured worker was reported to have presented with findings consistent with trigeminal neuralgia. There were trigger points and taut bands noted in the facial musculature. This was also supported by ultrasonic Doppler analysis. The injured worker also reported xerostomia secondary to medication use. No actual specific physical examination findings or documentation regarding diagnostic testing was provided at this evaluation. The injured worker did undergo an arthroscopy at the left shoulder on 07/29/14. There was a QME report from 08/22/14 regarding the injured worker's dental conditions. The injured worker denied any current complaints and described past jaw pain which gradually reduced. The injured worker had no dental complaints at this evaluation. The requested musculoskeletal trigeminal oral appliance for day use, obstructive airway oral appliance for nighttime use, and scaling with surgical debridement, 4 quadrants every 3 months for a year were all denied by utilization review on 07/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Musculoskeletal Trigeminal Oral Appliance for Day Use: 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 Chapter, Dental Trauma

Decision rationale: In regards to the request for a musculoskeletal trigeminal oral appliance, this reviewer would not have recommended this request as medically necessary. There is overall insufficient evidence regarding trigeminal neuralgia or abnormal findings at the temporal mandibular joint to support an oral appliance. This condition was reported; however, no specific physical examination findings were noted. The QME report from August of 2014 indicated the injured worker had no current complaints of the dentition or any further indications regarding ongoing trigeminal neuralgia complaints. Given the overall insufficient evidence regarding a condition that would reasonably support the use of this oral appliance, this reviewer would not have recommended this request as medically necessary.

Obstructive Airway Oral Appliance for Nighttime: 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 Chapter, Dental Trauma

Decision rationale: In regards to the request for an obstructive airway oral appliance, this reviewer would not have recommended this request as medically necessary. There is overall insufficient evidence regarding ongoing OSA to support an oral appliance. This condition was reported; however, no specific physical examination findings were noted. The QME report from August of 2014 indicated the injured worker had no current complaints of the dentition or any further indications regarding ongoing OSA complaints. Given the overall insufficient evidence regarding a condition that would reasonably support the use of this oral appliance, this reviewer would not have recommended this request as medically necessary.

Scaling/Surgical Debridement (4 quadrants) every 3 months for a year: 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 Chapter, Dental Trauma

Decision rationale: In regards to the request for surgical scaling and debridement of all 4 quadrants every 3 months for 1 year, the clinical documentation submitted for review does not provide sufficient evidence to support this treatment. There are no dental exams available for review discussing the injured worker's dentition. There were no abnormal findings for periodontal disease which would require this level of treatment. The most recent QME exam indicated the injured worker had no current dental complaints. Given the overall insufficient evidence to support this level of treatment, this reviewer would not have recommended this request as medically necessary.