MAXIMUS Federal Services

Case Number:	CM14-0133587		
Date Assigned:	08/27/2014	Date of Injury:	06/11/2008
Decision Date:	09/25/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/21/2014

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 Orthopedic Surgery 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:

According to the records made available for review, this is a 55-year-old male with a 6/11/08 date of injury. At the time (5/5/14) of request for authorization for Orthopedic appliance, there is documentation of subjective (neck pain, headaches, pain in right jaw) and objective (cervical flexion 30, extension 10, left and right rotation 45, and right and left lateral flexion 10 degrees bilaterally, paracervical tenderness from C2 to C7-T1, and right temporomandibular joint tenderness) findings, current diagnoses (chronic cervical pain, chronic right shoulder pain, chronic thoracic myofascial pain, chronic right temporomandibular joint syndrome, and chronic headaches due to right temporomandibular joint syndrome), and treatment to date (medications (including ongoing treatment with Vicodin)). Medical report identifies a request for orthopedic appliance to unload the joints and stabilize the maxilla/manidbular relationship.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic appliance: 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) Knee, Durable medical equipment (DME) Other Medical Treatment Guideline or Medical Evidence:

http://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/medical-necessity-definitions.

Decision rationale: MTUS does not address this issue. ODG identifies documentation that the requested durable medical equipment (DME) can withstand repeated use (i.e. could normally be rented, and used by successive patients); and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, as criteria necessary to support the medical necessity of durable medical equipment. Medical Treatment Guideline identifies documentation that the request represents medical treatment in order to be reviewed for medical necessity, as criteria necessary to support the medical necessity of the requested Orthopedic appliance. Within the medical information available for review, there is documentation of diagnoses of chronic cervical pain, chronic right shoulder pain, chronic thoracic myofascial pain, chronic right temporomandibular joint syndrome, and chronic headaches due to right temporomandibular joint syndrome. However, there is no documentation of the specific orthopedic appliance being requested. Therefore, based on guidelines and a review of the evidence, the request for Orthopedic Appliance is not medically necessary.