

Case Number:	CM14-0137673		
Date Assigned:	09/05/2014	Date of Injury:	10/08/2010
Decision Date:	09/29/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/25/2014

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 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 49 year old female with an industrial injury on 10/18/10. Treating dentist [REDACTED] report dated 08/20/13 indicates that the claimant has temporomandibular joint myofascial pain disorder due to injuries sustained on 10/18/10 with treatment provided from 12/29/10 to 10/20/11. On 08/15/13, the claimant presented with complaints of occasional moderate jaw joint pain when attempting to open the mouth, occasional moderate clicking sounds in the jaw joints, occasional slight to moderate pre-auricular pain, occasional slight to moderate pain in the left ear, and occasional slight posterior neck pain during flexion. The claimant has been previously treated for temporomandibular joint myofascial pain disorder with oral orthopedic appliance therapy and was advised to wear the oral-orthopedic appliance at night. The claimant notes that the lower orthopedic appliance no longer feels comfortable to wear. Examination on 08/15/13 revealed tenderness in the middle and posterior occipital region, and moderate tenderness in the superficial masseter, lateral pterygoid, sternocleidomastoid, occipital, pre-auricular region, and anterior scalene muscles bilaterally. Provocative testing of the TMJ revealed moderate pain bilaterally, and retrusive manipulation elicited slight to moderate pain bilaterally. Auscultation of the TMJ revealed slight to moderate crepitus bilaterally upon opening with an audible click on the left side. The claimant demonstrated maximum active opening of 38mm with moderate restrictions, left laterotrusion of 9mm, right laterotrusion of 8mm, and protrusive movement of 6mm. There is moderate C-curve deflection to the right upon opening and closing of the mouth. The claimant was having generalized slight gingival inflammation with pocket depth from 3 to 5mm. Teeth #s 1, 2, and 16 were missing. Teeth #s 19 and 31 have crown placements. Slight wear facets with moderate mobility were noted on the upper anterior teeth #s 6 through 11, and lower anterior teeth #s 11 through 27. There was pain to percussion on teeth #s 7, 8, 9, and 10. The

provider recommends a mandibular oral orthopedic appliance to anteriorize the left and right condyles off of their related bi-laminar posterior attachments, to reduce undue loading forces within the left and right temporomandibular joints, improving range of motion in the temporomandibular joints, reducing inflammation in the temporomandibular joint capsule and reducing adverse joint loading forces on the articular discs and reducing pain in the affected regions. UR Dentist Report dated 07/21/14 states: "most recent evaluation performed on this claimant was on 08/15/13, which is more than 11 months ago. There is no documentation of the claimant's current status including current complaints, clinical findings, and diagnostic reports etc., to support the request. Hence, the medical necessity of the proposed treatment is not evident.

IMR ISSUES, DECISIONS AND RATIONALES

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

Appliance Interdental Devices (Maxillary and Mandibular): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CUMMINGS: OTARLARYNGOLOGY: HEAD & NECK SURGERY, 4TH EDITION, MOSBY, INC. PP1565-1568. TREATMENT OF TMJ MYOFASCIAL PAIN DYSFUNCTION SYNDROME.

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: Cranio. 2002 Oct;20(4):244-53. Temporomandibular disorder treatment outcomes: second report of a large-scale prospective clinical study.

Decision rationale: Based on the objective findings of the treating dentist [REDACTED] and the medical reference mentioned above, this IMR reviewer finds this request for Appliance Interdental Devices to be medically necessary.

Insertion/ Articulation of Device: Overturned

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: Cranio. 2002 Oct;20(4):244-53. Temporomandibular disorder treatment outcomes: second report of a large-scale prospective clinical study.

Decision rationale: Based on the objective findings of the treating dentist [REDACTED] and the medical reference mentioned above, this IMR reviewer finds this request for Insertion/ Articulation of Device to be medically necessary.

TMJ Xray Report/Interpretation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation EFFICACY OF PLAIN RADIOGRAPHS, CT SCAN, MRI AND ULTRA-SONOGRAPHY IN TEMPOROMANDIBULAR JOINT DISORDERS.

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: Natl J Maxillofac Surg. 2012 Jan;3(1):2-9. doi: 10.4103/0975-5950.102138.Efficacy of plain radiographs, CT scan, MRI and ultra sonography in temporomandibular joint disorders.

Decision rationale: Based on the objective findings of the treating dentist [REDACTED] and the medical reference mentioned above, this IMR reviewer finds this request for TMJ Xray Report/Interpretation to be medically necessary.

Orthotic Management/ Adjust (12 weekly to bi-weekly visits for TMJ Radiographs): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aetna.com/cpb/dental/data/DCPB0029.html> (Last Updated 12/04/2012)OCCLUSAL ADJUSTMENT, DENATL POLICY BULLENTIN, NUMBER:029.

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: Cranio. 2002 Oct;20(4):244-53.Temporomandibular disorder treatment outcomes: second report of a large-scale prospective clinical study.

Decision rationale: Based on the objective findings of the treating dentist [REDACTED] and the medical reference mentioned above, this IMR reviewer finds this request for 12 weekly orthotic adjustments to be not medically necessary.

Referral to Imaging: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation EFFICACY OF PLAIN RADIOGRAPHS, CT SCAN, MRI AND ULTRA-SONOGRAPHY IN TEMPOROMANDIBULAR JOINT DISORDERS.

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: Natl J Maxillofac Surg. 2012 Jan;3(1):2-9. doi: 10.4103/0975-5950.102138.Efficacy of plain radiographs, CT scan, MRI and ultra sonography in temporomandibular joint disorders.

Decision rationale: Based on the objective findings of the treating dentist [REDACTED] and the medical reference mentioned above, this IMR reviewer finds this request for Imaging to be medically necessary.

