

Case Number:	CM14-0095381		
Date Assigned:	07/25/2014	Date of Injury:	10/25/2012
Decision Date:	09/18/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/23/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 43-year-old female with a 10/25/12 date of injury. At the time (4/29/14) of request for authorization for Surgery for Temporomandibular Joint: craniomandibular decompression and Post-operative DME: muscle rehabilitation appliance and craniomandibular repositioning appliance. There is documentation of subjective (temporomandibular joint (TMJ) injury with jaw pain, temporomandibular joint sounds with clicking and crepitus, inability to open mouth smoothly, jaw deviation upon opening, locking of the jaw, limited mouth opening, headaches, neck pain, stiffness, vertigo, fullness and pressure in the ears, pain in the cheek muscles, teeth sensitivity to hot and cold, and clenching/grinding of the teeth). Objective (anterior TMJ disc displacement without reduction, posteriorly displaced condyle, tenderness to palpation over the right TMJ, and limited mouth opening) findings, current diagnoses (maxillofacial trauma resulting in traumatic arthropathy illustrated by temporomandibular internal derangement with an anterior disc displacement on the right that recaptures intermittently, musculoskeletal pain dysfunction, and dental injuries). Treatment to date is dental treatment with 2 crown placements. In addition, 6/22/14 medical report identifies that the requesting physician is requesting approval for conservative treatment of temporomandibular joint injury in the form of oral appliances; not approval for temporomandibular joint surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery for Temporomandibular Joint: craniomandibular decompression: 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.DCPB0019.html>.

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, TMJ Surgery.

Decision rationale: MTUS does not address this issue. ODG identifies that surgery is not recommended for temporomandibular disorders and that there have been no long-term clinical trials to study the safety and effectiveness of surgical treatments for TMJ disorders. In addition, there is documentation of diagnoses of maxillofacial trauma resulting in traumatic arthropathy illustrated by temporomandibular internal derangement with an anterior disc displacement on the right that recaptures intermittently, musculoskeletal pain dysfunction, and dental injuries. Furthermore, there is documentation that the requesting physician is requesting approval for conservative treatment of temporomandibular joint injury in the form of oral appliances; not approval for temporomandibular joint surgery. Therefore, it is based on guidelines and a review of the evidence, the request for Surgery for Temporomandibular Joint: craniomandibular decompression that Surgery for Temporomandibular Joint: craniomandibular decompression is not medically necessary and appropriate.

Post op DME: muscle rehabilitation appliance and craniomandibular repositioning appliance: 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.DCPB0019.html>.

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: (<http://www.nlm.nih.gov/medlineplus/ency/article/001227.htm>).

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation of symptomatic TMJ, internal derangement and/or osteoarthritis, as criteria necessary to support the medical necessity of oral appliances. Within the medical information available for review, there is documentation of diagnoses of maxillofacial trauma resulting in traumatic arthropathy illustrated by temporomandibular internal derangement with an anterior disc displacement on the right that recaptures intermittently, musculoskeletal pain dysfunction, and dental injuries. In addition, there is documentation that the requesting physician is requesting approval for conservative treatment of temporomandibular joint injury in the form of oral appliances; not approval for temporomandibular joint surgery. Furthermore, there is documentation of symptomatic TMJ, internal derangement. However, given documentation of a request for Post op DME: muscle rehabilitation appliance and craniomandibular repositioning appliance, and an associated request for Surgery for Temporomandibular Joint that has been non-certified, there is no documentation of a pending surgery that is medically necessary. Therefore,

it is based on guidelines and a review of the evidence, that the request for Post op DME: muscle rehabilitation appliance and craniomandibular repositioning appliance is not medically necessary.