

<b>Case Number:</b>	CM14-0211226		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	04/27/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Otolaryngology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 46-year-old female with 04/27/13 date of injury. The most recent report provided is dated 10/22/14, is handwritten and illegible, as well as the previous report dated 09/24/14. The request is for 1. Bi-maxillary, bi-frontal, bi-sphenoid, irrigation. 2. Mouth guard.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bi-maxillary, bi-frontal, bi-sphenoid, irrigation.:** 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 Other Medical Treatment Guideline or Medical Evidence: [http://www.aetna.com/cpb/medical/data/500\\_599/0593.html](http://www.aetna.com/cpb/medical/data/500_599/0593.html)

**Decision rationale:** Aetna considers nasally aerosolized or irrigated anti-infectives experimental and investigational for the treatment of sinusitis and other indications because there is inadequate published clinical evidence of the effectiveness of this approach. The correlation of guidelines

with the clinical documentation was not possible, due to the illegible handwritten physician's notes provided. There is a lack of clinical rationale and recent clinical data, therefore, the medical necessity for the requested modalities could not be established. Recommend non-certification.

**Mouth guard:** 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 Other Medical Treatment Guideline or Medical Evidence: CA MTUS and ODG do not address.  
[http://www.aetna.com/cpb/medical/data/1\\_99/0028.html](http://www.aetna.com/cpb/medical/data/1_99/0028.html) AETNA Clinical Policy Bulletin: Temporomandibular Disorders

**Decision rationale:** AETNA Clinical Policy Bulletin for Temporomandibular Disorders supports the use of Intra-Oral Appliances. However, the correlation of guidelines with the clinical documentation was not possible, due to the illegible handwritten physician's notes provided. There is a lack of clinical rationale and recent clinical data, therefore, the medical necessity for the requested modalities could not be established. Recommend non-certification.