

Case Number:	CM15-0173369		
Date Assigned:	09/15/2015	Date of Injury:	03/13/2015
Decision Date:	10/21/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/02/2015

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: Dentist

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 53 year old female, who sustained an industrial injury on March 13, 2015. Medical records indicate that the injured worker is undergoing treatment for crepitus of the bilateral temporomandibular joints, temporomandibular joint stiffness bilaterally, bilateral jaw pain, myalgia, trauma to the head and neck, bilateral pinky finger pain, xerostomia, sleep related bruxism and stress-related bruxism. The current work status was not identified. Current documentation dated July 15, 2015 notes that the injured worker reported difficulty opening and closing her mouth, neck aches, jaw pain, tooth pain, difficulty chewing and headaches. Examination of the temporomandibular joints revealed bilateral pain on palpation of the temporomandibular joints extraorally and intraorally, crepitation and pain on palpation of the masseter muscle. Range of motion was decreased. Treatment and evaluation to date has included medications, a transcutaneous electrical nerve stimulation unit and a hot-cold unit. Current medications include Tramadol, Flexmid and topical analgesics. The treating physician's request for authorization dated August 11, 2015 included requests for follow-up visits for splint adjustment # 12, transcutaneous electrical nerve stimulation therapy # 12, deep scaling of four quadrants every three months during treatment and orthodontic treatment for temporomandibular joint dysfunction. The Utilization Review documentation dated August 20, 2015 non-certified the requests for transcutaneous electrical nerve stimulation therapy # 12, deep scaling of four quadrants every three months during treatment and orthodontic treatment for temporomandibular joint dysfunction and modified the request for follow-up visits for splint adjustment # 12 to a follow-up visit for splint adjustment # 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visit for splint adjustments x 12: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter Medical Practice Standard of Care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits.

Decision rationale: Records reviewed indicate patient having difficulty opening and closing her mouth, neck aches, jaw pain, tooth pain, difficulty chewing and headaches. Examination of the temporomandibular joints revealed bilateral pain on palpation of the temporomandibular joints extraorally and intraorally, crepitation and pain on palpation of the masseter muscle. Range of motion was decreased. Radiograph findings include limited movement on traslation condyle. [REDACTED] has diagnosed her with crepitus of the bilateral temporomandibular joints, temporomandibular joint stiffness bilaterally, bilateral jaw pain, myalgia, trauma to the head and neck, xerostomia, sleep related bruxism and stress-related bruxism. He has recommended insertion of a full coverage Mn/Mx TMJ splint. [REDACTED] is also recommending Follow-up visit for splint adjustments x 12. Per reference mentioned above, "office visits Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged." Therefore based on the records and referenced reviewed and mentioned above, this reviewer finds this request for Follow-up visit for splint adjustments x 12 is medically necessary to properly evaluate and treat this patient's TMJ condition.

TENS therapy x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/temporomandibular_joint_dysfunction.pdf.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Records reviewed indicate patient having difficulty opening and closing her mouth, neck aches, jaw pain, tooth pain, difficulty chewing and headaches. Examination of the temporomandibular joints revealed bilateral pain on palpation of the temporomandibular joints extraorally and intraorally, crepitation and pain on palpation of the masseter muscle. Range of motion was decreased. Radiograph findings include limited movement on translation condyle. [REDACTED] has diagnosed her with crepitus of the bilateral temporomandibular joints,

temporomandibular joint stiffness bilaterally, bilateral jaw pain, myalgia, trauma to the head and neck, xerostomia; sleep related bruxism and stress-related bruxism. He has recommended TENS therapy x 12. Per medical reference mentioned above, "Tens, chronic pain, not recommended as a primary treatment modality, but a one-month home based tens trial may be considered "evidence is lacking concerning effectiveness." This request is not for a home based tens treatment, therefore this reviewer finds this request to be not medically necessary based on the MTUS reference mentioned above and evidence lacking concerning effectiveness.

Deep scaling of 4 quadrants every 3 months during treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.dentaleconomics.com/articles/print/volume-95/issue-9/departments/dental-insurance/what-is-debridement.html> Medical Practice Standard of Care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82 (7): 943-9.

Decision rationale: Records reviewed indicate patient having difficulty opening and closing her mouth, neck aches, jaw pain, tooth pain, difficulty chewing and headaches. Examination of the temporomandibular joints revealed bilateral pain on palpation of the temporomandibular joints extraorally and intraorally, crepitation and pain on palpation of the masseter muscle. Range of motion was decreased. Radiograph findings include limited movement on translation condyle. [REDACTED] has diagnosed her with crepitus of the bilateral temporomandibular joints, temporomandibular joint stiffness bilaterally, bilateral jaw pain, myalgia, trauma to the head and neck, xerostomia, sleep related bruxism and stress-related bruxism. He has recommended Deep scaling of 4 quadrants every 3 months during treatment. However, In the records provided, there are no documentation of patient's current "Examination of teeth to evaluate the topography of the gingiva and related structures; to measure probing depths, the width of keratinized tissue, gingival recession, and attachment level; to evaluate the health of the subgingival area with measures such as bleeding on probing and suppuration; to assess clinical furcation status; and to detect endodontic-periodontal lesions " as recommended by the medical reference mentioned above. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. This reviewer recommends non-certification at this time.

Orthodontic treatment for TMJ: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Practice Standard of Care.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed indicate patient having difficulty opening and closing her mouth, neck aches, jaw pain, tooth pain, difficulty chewing and headaches. Examination of the temporomandibular joints revealed bilateral pain on palpation of the temporomandibular joints extraorally and intraorally, crepitation and pain on palpation of the masseter muscle. Range of motion was decreased. Radiograph findings include limited movement on translation condyle. [REDACTED] has diagnosed her with crepitus of the bilateral temporomandibular joints, temporomandibular joint stiffness bilaterally, bilateral jaw pain, myalgia, trauma to the head and neck, xerostomia, sleep related bruxism and stress-related bruxism. He has recommended insertion of a full coverage Mn/Mx TMJ splint. [REDACTED] is also recommending Orthodontic treatment for TMJ. However requesting dentist is recommending a non-specific orthodontic treatment in this case. It is unclear to this reviewer on what kind of specific orthodontic treatment this dentist is recommending. Absent further detailed documentation and clear rationale for a specific dental treatment plan, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This reviewer recommends non-certification at this time and is not medically necessary.