

Case Number:	CM15-0094761		
Date Assigned:	05/22/2015	Date of Injury:	10/03/2008
Decision Date:	06/26/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/19/2015

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 34 year old male with an industrial injury dated 10/03/2008. His diagnoses included status post jaw fracture with right parasymphyseal mandibular fracture and chronic bilateral TMJ syndrome. Prior treatments included Ibuprofen. He presents on 12/01/2014 with complaints of neck pain and pain in his jaw. There was cervical and bilateral TMJ tenderness. The record dated 12/01/2014 is the most current record available and states the injured worker has been authorized to have TMJ evaluation and treatment. The request is for 6 follow up dental visits, occlusal orthotic device and resin restoration on # 26.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occlusal Orthotic 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 Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome.

Decision rationale: Records reviewed indicate that this patient has been diagnosed with TMJ Dysfunction chronic bilateral TMJ syndrome. Patient also has been diagnosed with post jaw fracture with right parasymphiseal mandibular fracture, with post concussion with MRI evidence. Per reference mentioned above, regarding treatment of TMJ, "home therapy and medications are continued, but at this point, a bite appliance is made for the patient." Since this patient has been diagnosed with post jaw/mandibular fracture with chronic bilateral TMJ syndrome, this reviewer finds this request for a Colusa Orthotic Device to be medically necessary to treat this patient's TMJ condition.

6 Follow-Up Visits (Dental): 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 ODG Guidelines Office visits.

Decision rationale: Records reviewed indicate that this patient has been diagnosed with TMJ Dysfunction chronic bilateral TMJ syndrome. Patient also has been diagnosed with post jaw fracture with right parasymphiseal mandibular fracture, with post concussion with MRI evidence. 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, this reviewer finds this request for 6 dental follow up visits to be medically necessary to properly treat this patient's TMJ condition.