

Case Number:	CM15-0097545		
Date Assigned:	05/28/2015	Date of Injury:	12/13/2012
Decision Date:	07/03/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/20/2015

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 male, who sustained an industrial injury on December 13, 2012. He reported a jaw injury due to cumulative trauma. The injured worker was diagnosed as having temporomandibular joint disorder, disc displacement with reduction. Diagnostic studies to date have included a CT scan, x-rays, and electromyography. On April 15, 2015, the injured worker complains of occasional jaw locking, jaw noises, and jaw sounds with chewing. The physical exam revealed jaw joint noises, jaw locking, and dry mouth. The treatment plan includes complete phase 1 treatment with the use of on daytime intraoral orthotic and one nighttime intraoral orthotic for 8-12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Night intraoral orthotic (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings: Otolaryngology: Head & Neck Surgery, Pp 1565-1568.

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: Laskin and Block 46.

Decision rationale: Records reviewed indicate that this patient was diagnosed as having temporomandibular joint disorder, disc displacement with reduction. Patient has complained of occasional jaw locking, jaw noises, and jaw sounds with chewing. The physical exam revealed jaw joint noises, jaw locking, and dry mouth. Daytime oral appliance has been approved by UR. Requesting dentist is also recommending night intraoral orthotic. However in the records provided there is insufficient documentation to medically justify the need for both a daytime and a nighttime intraoral orthotic. This reviewer recommends phase (1) treatment for this patient's TMJ complaints and to include "Counseling and recommendations about avoidance of clenching and grinding of the teeth; eating a soft, non chew diet; use of moist heat on, and massage of, the masticatory muscles; and limitation of jaw motion. Because the patient has muscle spasm and pain, a muscle relaxant and an NSAID are prescribed. Diazepam and ibuprofen are commonly used" per medical reference mentioned above. This reviewer believes Phase I treatment should be attempted and documented before any future proposed treatment. Therefore this reviewer finds this request for a night intraoral orthotic to be not medically necessary at this time.