

SENT VIA EMAIL OR FAX ON
Apr/02/2009

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/02/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI left TMJ without contrast; MRI right TMJ without contrast

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board-certified in Internal Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 2/12/09 and 3/3/09

1/12/09

11/17/08

11/20/08 thru 1/30/09

X-Rays 12/3/08 and 10/24/08

Diagnostics 1/12/09

MRI's 11/3/08

PATIENT CLINICAL HISTORY SUMMARY

The claimant sustained facial trauma in a slip and fall accident in xx/xxxx. Several evaluations note complaints of bilateral jaw/temporomandibular joint (TMJ) pain. Physical examination shows pain at both TMJs.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The Reviewer has reviewed the applicable guidelines and the peer-reviewed medical literature concerning the use of magnetic resonance imaging (MRI) to evaluate the TMJ. The claimant sustained blunt trauma to the face. This type of mechanism of injury can cause

TMJ. Her symptoms and physical findings are consistent with TMJ dysfunction

MRI is the primary modality for the evaluation of the temporomandibular joint. MRI provides good tissue contrast that provides visualization of the soft tissue and bony structures of the TMJ. MRI has replaced plain films, computed tomography, and arthrography as the primary modality in the evaluation of the TMJ

This patient has signs and symptoms of TMJ dysfunction. MRI is indicated in the evaluation of these symptoms.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

- Current Diagnosis and Treatment in Otolaryngology: Head and Neck Surgery <Product-Current-Diagnosis-and-Treatment-in-Otolaryngology-Head-and-Neck-Surgery_29001.aspx> , 2nd Revised edition
- Hall and Colman's Diseases of the Ear, Nose and Throat , 15th edition.

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)