CONFIDENTIAL PATIENT MASTER RECORD

PATIENT ID: 230 | MRN: MRN-230-2025

I. REGISTRATION FACE SHEET

PATIENT IDENTITY	
Name:	Lisa Cuddy
DOB:	1970-05-15
Gender:	female
Race:	Caucasian
Height:	5 ft 9 in
Weight:	145 lbs
Telecom:	609-555-1970
Address:	114 University Place, Princeton, NJ 08540
Marital Status:	Single
Multiple Birth:	No (Order: 1)

COMMUNICATION	
Language:	English
Preferred:	Yes

EMERGENCY CONTACT	
Relationship:	Emergency Contact
Name:	Dr. James Wilson
Telecom:	609-555-1966
Address:	100 Palmer Square E, Princeton, NJ 08542
Gender:	male
Organization:	N/A
Period Start:	2004-11-16
Period End:	ongoing

PRIMARY PROVIDER	
General Practitioner:	Dr. Eleanor Roosevelt, MD
Managing Organization:	Princeton Primary Care Associates

INSURANCE / PAYER	
Payer ID:	J1113
Payer Name:	Aetna
Plan Name:	Choice POS II

Plan Type:	POS
Group ID:	GRP-PPTH-2004
Group Name:	Princeton-Plainsboro Teaching Hospital
Member ID:	MBR-LC-70515
Policy Number:	POL-AETNA-98765
Effective Date:	2004-01-01
Termination Date:	ongoing
Copay:	$40
Deductible:	$2000
SUBSCRIBER	
Subscriber ID:	MEM-LC-70515
Subscriber Name:	Lisa Cuddy
Relationship:	Self
Subscriber DOB:	1970-05-15
Subscriber Address:	114 University Place, Princeton, NJ 08540

II. MEDICAL BIOGRAPHY & HISTORY

Lisa Cuddy is a highly accomplished and driven 55-year-old woman, serving as the Dean of Medicine at Princeton-Plainsboro Teaching Hospital. Her life is characterized by high-stakes professional responsibilities and the personal fulfillment of being an adoptive mother. Her medical history is notable for well-managed hypertension, likely related to her demanding career, and chronic migraines. Socially, she is disciplined, maintaining a healthy lifestyle with regular exercise and moderate alcohol consumption, and has no history of tobacco use.

The central clinical issue is a long-standing, symptomatic Class II malocclusion. This condition, present for most of her adult life, has insidiously progressed from minor jaw 'clicking' to a source of significant daily functional impairment. The chronic ache in her jaw and frequent tension-type headaches are a constant distraction. More critically, it impacts her professional life; prolonged periods of speaking during board meetings or lectures result in significant muscle fatigue and pain, compromising her endurance and focus. Mastication has become a chore, forcing her to alter her diet to avoid foods that are difficult to chew.

This request for a Le Fort osteotomy is driven by a desire to restore basic function and alleviate chronic pain. Despite her medical knowledge, she has attempted to manage this conservatively for years, but the structural nature of the problem has rendered these efforts insufficient. The narrative for this case is intentionally focused on these functional and quality-of-life complaints, while lacking hard, quantitative data on issues like sleep apnea or severe weight loss, which are often required by payers to establish 'medical necessity' beyond functional impairment. The justification hinges on the argument that her ability to perform her job and eat normally is compromised, which may not meet a payer's stringent criteria for approving major reconstructive surgery.

III. CLINICAL REPORTS & IMAGING

■ *PCP CONSULT NOTE*

Report Text:

SUBJECTIVE:
Chief Complaint: "My jaw and head have been hurting for years, and it's getting worse."

History of Present Illness: Ms. Lisa Cuddy is a 55-year-old female with a long-standing history of jaw clicking and popping, which has progressed over the last 2-3 years to include more persistent pain and frequent headaches. She describes the pain as a dull ache centered around the temporomandibular joints bilaterally, often radiating to her temples. This is associated with a sensation of fatigue in her jaw muscles, especially after long meetings where she is required to speak extensively. She rates the pain as a 4/10 on average, but it can flare up to a 7/10, occurring 3-4 times per week. The headaches are consistent with her diagnosed migraine pattern but seem to be triggered more frequently by jaw clenching, which she notes she does subconsciously during stressful periods at work. She has difficulty chewing tougher foods like steak or bagels, which she now tends to avoid. She denies any recent trauma, locking of the jaw in an open or closed position, or symptoms of sleep apnea like snoring or daytime somnolence.

Review of Systems: All other systems reviewed and are negative except as noted in HPI and PMH.

PAST MEDICAL HISTORY:
- Essential Hypertension, diagnosed 2018, stable.
- Migraine without aura, diagnosed ~2015.
- History of multiple unsuccessful IVF cycles in the past.
- G1P1 (Adoptive mother)

PAST SURGICAL HISTORY:
- None.

MEDICATIONS:
- Lisinopril 10 mg daily
- Sumatriptan 50 mg prn for migraines
- Ibuprofen 200-400mg prn for jaw pain/headaches
- Daily Multivitamin

ALLERGIES: No Known Drug Allergies.

SOCIAL HISTORY: Patient is the Dean of Medicine at a major teaching hospital, a high-stress occupation. She is single and lives with her daughter. Denies tobacco use. Drinks 1-2 glasses of wine per week. Exercises regularly (running, yoga).

OBJECTIVE:
Vital Signs: BP: 132/84 mmHg, HR: 78 bpm, RR: 16, Temp: 98.6°F, SpO2: 99% on room air. Weight: 145 lbs...

■ *OMFS CONSULT REPORT*

Report Text:
REASON FOR CONSULTATION: Referral from Dr. Eleanor Roosevelt for evaluation of chronic jaw pain, headaches, and functional bite issues.

HISTORY OF PRESENT ILLNESS: Patient is a 55-year-old female, Ms. Lisa Cuddy, who presents for evaluation of long-standing craniofacial and jaw complaints. She reports a history of a "clicking jaw" since her late 20s. Over the past several years, this has progressed to include significant bilateral preauricular and masseter muscle pain. The

pain is described as a persistent, deep ache. She experiences significant jaw fatigue and discomfort, which is exacerbated by prolonged speaking required for her job as a hospital administrator. Mastication is also affected; she avoids hard or chewy foods and reports that eating a normal meal can feel like a "workout" for her jaw. She has tried a course of over-the-counter NSAIDs and a night guard provided by her general dentist several years ago, with minimal and unsustained improvement. She denies any history of significant facial trauma. Her primary goals are to reduce her chronic pain and improve her ability to chew and speak without discomfort.

PAST MEDICAL HISTORY: Essential Hypertension, Chronic Migraines.
PAST SURGICAL HISTORY: None.
MEDICATIONS: Lisinopril, Sumatriptan, Ibuprofen as needed.
ALLERGIES: NKDA.

OBJECTIVE:
General: Patient is alert, oriented, and cooperative. Appears well-nourished.
Head and Neck Examination: No facial asymmetry noted at rest. No signs of swelling or erythema over the TMJ regions. There is moderate tenderness to palpation of the bilateral masseter and temporalis muscles. The TMJs themselves are tender to lateral palpation.
Intraoral Examination: Dentition is in good repair. No soft tissue lesions noted.
Occlusal Analysis: Patient exhibits a significant Class II skeletal and dental malocclusion with an overjet measured at 8mm. There is a deep bite. The dental midlines are coincident.
Jaw Function: Maximal incisal opening is measured at 35mm, with some devia...

■ *PANORAMIC XRAY REPORT*

Report Text:
EXAMINATION: Panoramic and Lateral Cephalometric Radiographs

CLINICAL HISTORY: 55-year-old female with jaw pain and malocclusion. Evaluate for orthognathic surgery.

TECHNIQUE: Standard panoramic and lateral cephalometric projections were obtained.

FINDINGS:
Panoramic View: The visualized mandible and maxilla demonstrate normal bone density. All teeth are present. No periapical lucencies, cysts, or tumors are identified. The mandibular condyles appear somewhat asymmetric in shape but are seated within the glenoid fossae. No evidence of degenerative joint disease, erosion, or osteophytes. The inferior alveolar canals are patent and well-defined. Maxillary sinuses are clear.

Lateral Cephalometric View & Analysis:
- Skeletal Pattern: Analysis confirms a Class II skeletal base relationship, characterized by a retrognathic mandible. (SNA: 82 degrees, SNB: 74 degrees, ANB: 8 degrees).
- Maxilla: Normal position relative to the cranial base.
- Mandible: Retrognathic position. Mandibular plane angle is within normal limits.
- Dental Pattern: The maxillary incisors are normally proclined. The mandibular incisors are proclined, showing some dental compensation for the underlying skeletal pattern. A significant overjet of 8mm is confirmed.
- Soft Tissues: The soft tissue profile is consistent with the underlying skeletal disharmony.

IMPRESSION:
1. Skeletal Class II relationship secondary to a retrognathic mandible.

2. Dental Class II malocclusion with an 8mm overjet.
3. No radiographic evidence of acute osseous pathology, inflammatory joint disease, or neoplasm.

Findings are consistent with the clinical diagnosis and support consideration for surgical correction of the underlying dentofacial deformity.

■ *OMFS SURGICAL PLAN*

Report Text:
SUBJECTIVE:
Patient returns for follow-up to discuss results of her radiographic imaging and to formulate a definitive treatment plan. Ms. Cuddy states she has reviewed the information from our last visit and is keen to find a long-term solution. She reports ongoing symptoms of jaw fatigue and pain, with two moderate headaches since our last visit. She states, "I just want to be able to eat a salad without my jaw getting tired, and not have to think about my bite all day."

OBJECTIVE:
Review of Imaging: The panoramic and cephalometric radiographs from 2025-09-05 were reviewed with the patient. The findings confirm a significant Skeletal Class II malocclusion (ANB 8 degrees) with a retrognathic mandible and a compensatory proclination of the lower incisors. The overjet is 8mm. No TMJ arthrosis or other pathology was noted.

ASSESSMENT/PLAN:
Diagnosis: Dentofacial Deformity (Skeletal Class II Malocclusion).

After a thorough discussion of all options, risks, and benefits, the patient has elected to proceed with surgical correction. The functional limitations she experiences are the primary driver for this decision.

Proposed Surgical Procedure:
1. Le Fort I Osteotomy (single piece).

Surgical Goals:
- Establish a Class I skeletal and occlusal relationship.
- Eliminate the anterior-posterior discrepancy.
- Improve masticatory function and reduce muscular strain.
- Alleviate symptoms of myofascial pain.

The procedure will be performed under general anesthesia in a hospital setting. The risks, benefits, and alternatives were discussed in detail, including but not limited to: infection, bleeding, nerve injury (infraorbital nerve paresthesia), non-union, malunion, need for further surgery, relapse, and anesthesia-related complications. The patient has demonstrated a clear understanding of the treatment plan and has provided consent to proceed with seeking prior authorization from her insurance carrier.

Next Steps:
1. Our office will submit a request for prior autho...

■ *LOMN LEFORT OSTEOTOMY*

Report Text:
To: Prior Authorization Department, Aetna
From: Dr. Sheldon Cooper, DMD, MD, Princeton Oral Surgery Center
Date: October 22, 2025

Subject: Letter of Medical Necessity for Lisa Cuddy (DOB: 05/15/1970, Member ID: MBR-LC-70515)

Dear Sir or Madam,

I am writing to request prior authorization for a Le Fort I Osteotomy (CPT code 21145) for my patient, Ms. Lisa Cuddy. Ms. Cuddy is a 55-year-old female who carries a diagnosis of Skeletal Class II Malocclusion (ICD-10: M26.220).

This patient has a long-standing history of this condition, which has led to significant functional impairment and a degradation in her quality of life. Her chief complaints include chronic myofascial pain in the masticatory muscles, frequent associated headaches, and difficulty with mastication. The patient reports she must avoid certain foods due to jaw fatigue and pain. As a hospital administrator, her professional duties require extensive speaking, which she reports is uncomfortable and fatiguing due to her jaw discrepancy.

Clinical and radiographic evaluation has confirmed a significant skeletal disharmony with an 8mm overjet. This anatomical configuration is the direct cause of her occlusal instability and the resulting functional problems. Conservative therapies, including a trial of a night guard and PRN use of anti-inflammatory medications, have failed to provide a lasting resolution to her symptoms.

The proposed Le Fort I osteotomy is a medically necessary procedure designed to correct the underlying skeletal deformity. By repositioning the maxilla into a proper relationship with the mandible, we aim to establish a stable and functional bite. This correction is expected to significantly improve her ability to chew, alleviate the chronic muscular strain that contributes to her pain and headaches, and improve her speech endurance.

This procedure is not being performed for cosmetic reasons, but to address a significant functional deficit that impacts her daily activities and professional...
