

Case Number:	CM13-0001001		
Date Assigned:	02/26/2014	Date of Injury:	04/22/2013
Decision Date:	08/01/2014	UR Denial Date:	06/28/2013
Priority:	Standard	Application Received:	07/08/2013

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. The expert reviewer is licensed in Dentistry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 64-year-old female who has submitted a claim for hand contusion, head contusion, knee contusion, and broken teeth associated with an industrial injury date of 04/22/2013. Medical records from 2013 were reviewed. The patient had an episode of fall and hit the left side of her face, head, both knees, hip, left wrist, and left breast. Dental pain was likewise noted. Physical examination showed broken right canine and incisors. No dental treatment was noted in the records submitted. Utilization review from 06/28/2013 modified the request for referral to a dentist for consultation and treatment into dental consultation only. Reasons for modification were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO A DENTIST FOR CONSULTATION AND TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Independent Medical Examinations and Consultations, Chapter 7, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, Page 127.

Decision rationale: As stated on page 127 of the California ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient had an episode of fall which resulted to dental pain. Physical examination showed broken right canine and incisors. The medical necessity for dental consultation has been established. However, the present request as submitted also included treatment procedures. The treatment plan is dependent on the initial evaluation by the specialist. Therefore, the request for referral to a dentist for consultation and treatment is not medically necessary.