

<b>Case Number:</b>	CM13-0035266		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	08/22/2011
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Dentistry and is licensed to practice in Texas. 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 physician 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 33-year-old female who reported an injury on 08/22/2011. The mechanism of injury was indicated to be the patient was trying to break up 2 students and the patient was pushed over a chair. The patient was noted to hit her low back on the chair and impact the right side of her face, neck, and shoulder. The patient was noted to be receiving treatment for TMJ from [REDACTED]. The patient's diagnosis included temporomandibular joint dysfunction. The request was made for a dental consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**dental consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 92,127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** ACOEM Guidelines indicate a referral may be appropriate if the goal of the evaluation is to return the patient to work. Additionally, it indicates a referral may be appropriate if they are treating a particular cause of delayed recovery. The clinical documentation submitted for review indicated the patient was being treated by [REDACTED] as of 06/01/2013. The patient was noted to be doing N-jaw rest exercises that the physician

taught her and the patient was noted to be using heat and ice and was noted to be on a liquid diet and indicated that had been helpful and the patient enjoyed it. Per the most recent treatment note, regarding the TMJ dated 08/20/2013, the patient was noted to have frequent headaches. The patient was noted to have undergone an MRI of the temporomandibular joint which was unavailable for review. There was request for a dental consult and treatment and treatment general. The clinical documentation submitted for review failed to provide the rationale for the requested service. The patient was noted to be undergoing treatment with [REDACTED] and there was lack of documentation indicating the treatment had either been inadequate or a new specialist was necessary. Given the above, the request for dental consult is not medically necessary.