

Case Number:	CM13-0038590		
Date Assigned:	12/18/2013	Date of Injury:	08/15/2003
Decision Date:	04/29/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/25/2013

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 Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

This is a 71-year-old female patient with a reported work-related injury on 06/15/2003. The mechanism of injury was not provided, but the patient has a history of shoulder pain, diffuse pain, and dental problems. The patient reported that medications were ineffective, and now reports complications of severe TMJ problems, which occurred following a second operation in the mouth to ready the patient for permanent dentures. The complications reported by patient were not included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TMJ SPECIALIST CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Office visits

Decision rationale: The CA MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines state "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged.

The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." The request for the TMJ specialist consultation is non-certified. The documentation submitted for review failed to provide evidence to support the need for the consultation, such as physical exam findings, diagnostic studies, and functional status. The Official Disability Guidelines do recommend evaluation and management as medically necessary; however, the clinical information submitted for review failed to provide information to support the request. As such, the request is non-certified.