

<b>Case Number:</b>	CM13-0070427		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	08/20/2013
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 and 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:

The injured worker is a 53 year old female with a reported injury date on 08/20/2013 when the injured worker was struck in the head during a construction accident. The clinical note dated 08/22/2013 noted that the injured worker was at the hospital trauma center following the accident. Objective findings included contusion of the left side of the scalp with a laceration that extends from the superior margin of the pinna and down the lateral portion that is through the cartilage but not the entire ear. The request for authorization form was not provided within the available clinical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **DENTIST CONSULTATION PER REPORT DATED 10/26/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (Acoem) Practice Guidelines, Second Edition, 2004, Page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Office Visits.

**Decision rationale:** The request for dentist consultation per report dated 10/26/2013 is not medically necessary. It was noted that the injured worker went to the hospital trauma center after being struck in the head following a construction accident. Objective findings included contusion of the left side of the scalp with a laceration that extends from the superior margin of the pinna and down the lateral portion that is through the cartilage but not the entire ear. The Official Disability Guidelines recommended office visits as long as they are medically necessary. 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 medical necessity for a dental consult was not established. There was a lack of evidence provided within the available documentation that the injured worker had symptomatology corresponding with dental problems. Additionally, the report dated 10/26/2013 was not provided with the documentation. As such this request is not medically necessary.