MAXIMUS Federal Services

Case Number:	CM14-0015550		
Date Assigned:	02/21/2014	Date of Injury:	06/20/2003
Decision Date:	10/01/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a work injury on 06/20/03 when, while working as a teacher, she was hit by a soccer ball causing her to fall on her hands and knees with loss of consciousness. Treatments included a left total knee replacement. She has significant anxiety and depression for which she continues to be treated. She was seen on 09/10/10 for a dental examination. She had complaints of tooth sensitivity, dry mouth, jaw pain, and bleeding from the gums. Physical examination findings included inflammation and tooth decay. Diagnoses were myofascial pain, xerostomia, dental decay, and mild to moderate periodontitis. Her dental condition was determined to be industrially related. She underwent another dental evaluation on 01/08/14. A treatment plan including root canal therapy, crowns, and veneers is referenced. There is correspondence dated 07/26/14. It references the claimant's oral condition as having deteriorated considerably since her examination in September 2010. Treatments had included regular periodontal care. She was using an appropriate tooth brush and saliva substitute. The correspondent references requiring numerous restorations. She was being treated for temporomandibular joint dysfunction with a splint. An extensive dental plan treatment plan including ten crowns and six veneers had been recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for a comprehensive examination of the month DOS 01/08/2014:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Head chapter, Dental Trauma treatment (Facial Fractures)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), Dental trauma treatment and ACOEM Chapter 7, Independent Medical Examinations and Consultations, page 127

Decision rationale: The claimant is more than 10 years status post work-related injury when she was hit by a soccer ball causing her to fall on her hands and knees with loss of consciousness. Her dental condition has been determined to by industrially related. Guidelines address trauma to the oral region which occurs frequently. An appropriate treatment plan after an injury is considered important for a good prognosis. In this case, the claimant was evaluated in September 2010 and an appropriate treatment plan was outlined. Her oral condition is referenced as having deteriorated considerably since that examination despite compliance with the treatment plan. Guidelines recommend consideration of a consultation if clarification of the situation is necessary as in this case. Therefore the request for a comprehensive examination of the mouth was medically necessary.