

Case Number:	CM14-0119569		
Date Assigned:	08/06/2014	Date of Injury:	03/05/2014
Decision Date:	10/01/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/29/2014

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 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:

Records reviewed indicate that this is a 23-year-old female to male transgender, who has been employed as a Claims' Representative and Adjustor by [REDACTED] since January 28, 2013. On March 5, 2014, she was working at her usual and customary duties when over a period of over one year she developed cumulative trauma from repetitive typing, answering phones, and constantly working at a non-ergonomic station. She was required to work 2 hours overtime 5 days a week. She could no longer tolerate the pain to the cervical spine, occiput, bilateral trapezius radiating to bilateral hands, and wrists, and lumbar spine. The stress of being in pain was causing her to grind her teeth, i.e., to develop bruxism. As a result of increased chronic pain, patient believes that he is now engaging in bruxism to a greater degree than prior to working at [REDACTED]. He related a history of having orthodontics when he was 12 to 14. He indicated having a nightguard since age 10 but had minimal symptoms prior to his employment at [REDACTED]. Consultation report of [REDACTED] DDS dated 06/24/14 diagnosis this patient with: 1. Bruxism. 2. Myofascial pain dysfunction symptoms muscles of mastication, secondary to bruxism. 3. Moderate to severe attrition and erosion secondary to bruxism and chronic reflux... [REDACTED] further states and recommends: "Fabrication of night guard and fluoride carriers... Based on patient's subjective history, it appears as if his stress at work and poor ergonomics has led to an aggravation of his bruxing habit which has led to myofascial pain symptoms. UR report dated 07/21/14 from [REDACTED] LPN authorized the TMJ splint and fluoride trays recommended by [REDACTED] DDS. [REDACTED] DDS ([REDACTED]) is now requesting a orthodontics follow up appointment through the IMR application dated 07/29/14. Another UR report by [REDACTED] DDS dated 07/21/14 states: "Upon reviewing Mr. [REDACTED] consultation report by [REDACTED], I can find no reason that would indicate that orthodontic follow up appointments would be medically necessary. The clinical notes state that he has Class I

occlusion. Additionally, there is no mention of an orthodontic issue that would require follow ups. As such, the request is noncertified."

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthodontics follow up appointments: Upheld

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, Pain/office visits

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

Decision rationale: In the records provided there is no clear rationale by [REDACTED] DDs, a prosthodontist, as to why this patient needs a orthodontics follow up appointments. His recommended treatment of TMJ splint and flouride trays have been already authorized by UR. In [REDACTED] report dated 06/24/14 there is no mention of this patient requiring an orthodontist. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. This IMR reviewer recommends non-certification at this time. This IMR reviewer will reconsider this request once complete a clear rationale by [REDACTED] is provided.