

Case Number:	CM14-0120613		
Date Assigned:	08/06/2014	Date of Injury:	11/01/2008
Decision Date:	09/16/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/30/2014

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 Anesthesiology, 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 62-year-old female who reported an injury on 11/01/2008, the mechanism of injury was not provided. On 07/16/2014, the injured worker presented with pain in the neck, low back, right wrist and hand, left wrist and hand, and bilateral knees. On examination, there was diminished light touch sensation to the right lateral ankle, right mid lateral calf and right mid anterior thigh. The diagnoses were cervical spine strain, lumbar spine disc bulges, right wrist surgery, left carpal tunnel syndrome, probable right knee internal derangement, probable left knee internal derangement and other problems unrelated to the current evaluation. Prior therapy included surgery and medications. The provider recommended a dentist consultation, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dentist Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness to return to work. There was no clear rationale to support the use of a dental consultation. There were no deficits or physical exam findings related to the need for a dental consultation. As such, the request is not medically necessary.