

<b>Case Number:</b>	CM14-0123237		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/04/2013
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 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:

This is a 55-year old security guard who was injured falling face to floor hitting chin, chest and both knees and causing low back pain when a van stopped suddenly to avoid a collision. ■■■■■ progress report dated 07/01/14 states:"awaiting dental consult as recommended by ■■■■■-pending authorization." ■■■■■ report dated 07/15/14 states: The TMJs are tender bilaterally. When the patient opens his mouth widely, he does have bilateral TMJ pain... I again recommend that this patient have dental evaluation to address the possibility of TMJ syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dental consultation:** Overturned

**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), 2nd Edition, (2004) Chapter 7, Page 127

**Decision rationale:** This IMR reviewer, based on ■■■■■ TMJ tenderness findings mentioned above, finds the request for dental consultation to be medically necessary. A dental

consult is medically necessary to address this patient's TMJ complaints. This patient may benefit from additional expertise.