

Case Number:	CM14-0034189		
Date Assigned:	06/20/2014	Date of Injury:	01/27/2003
Decision Date:	07/25/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/19/2014

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:

Based on [REDACTED] report dated 02/12/2014, a 60 years old female patient was injured on 03/25/2003 while at work. She accidentally slipped on a piece of paper and fell on the floor. As a result the patient had neck fusion surgery and right hand surgery. According to the patient she is taking medication on an industrial basis due to orthopedic pain and she also stated that she had dry mouth on industrial basis. The patient also stated that she was and is clenching her teeth and over time, she has broken few of her teeth due to clenching and bruxism and using her night guard which was too tight. Patient has been evaluated by [REDACTED] (AME) on June 10, 2013 and [REDACTED] has recommended dental treatment based on industrial injury. [REDACTED] is requesting 2 follow ups to include teaching musculo-skeletal exercises. Utilization reviewer has authorized 1 follow up visit for the teaching of musculo-skeletal exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 follows up to include teaching musculo-skeletal exercises: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head (trauma, headaches etc., not including stress & mental disorders).

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: Based on ACOEM Guidelines, Chapter 7, Page 127, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The provider is requesting 2 office visits to teach the patient musculo-skeletal exercise. The ACOEM guides recommend "referral to other specialists when the plan or course of care may benefit from additional expertise" therefore 1 follow up visit is clinically supported. This IMR reviewer agrees with UR doctor and additional follow up must be re-evaluated if necessary at the time of the initial follow-up. Therefore the prospective request for 2 follow ups to include teaching musculo-skeletal exercises is not medically necessary at this time.