

Case Number:	CM14-0036013		
Date Assigned:	06/23/2014	Date of Injury:	09/17/2000
Decision Date:	07/25/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/24/2014

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:

This is a 44-year-old male who has been involved in an industrial injury on 09/17/2000 working for [REDACTED]. According to AME report of [REDACTED] dated 10/15/2013, patient does not recall the specifics of his injury, it was only when witnesses to the event told him of what happened. According to witnesses, he was standing next to a truck when another vehicle struck the truck causing the ladders and rack on the side of the truck to be thrown off the truck and to strike him in the face. This patient has been under dental care by [REDACTED] and request for authorization form submitted by [REDACTED] states that "claimant presents with early state periodontal disease with bone loss and periodontal pocketing up to 5mm." [REDACTED] is requesting a referral to a Periodontist, to address his industrially related dental periodontal disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Periodontist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary.

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) 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.

Decision rationale: According to QME/AME report of [REDACTED] dated 10/15/2013 page 145-146, [REDACTED] has incorporated the treatment recommendations made by [REDACTED] in his report of a August 7, 2006 and to include future dental treatment on an industrial basis. This patient has been under dental care by [REDACTED] and request for authorization form submitted by [REDACTED] states that "claimant presents with early stage periodontal disease with bone loss and periodontal pocketing up to 5mm." [REDACTED] is requesting a referral to a Periodontist. This IMR reviewer finds this request to be medically necessary to address this patient's dental injury. This patient may benefit from additional expertise.