

Case Number:	CM14-0040744		
Date Assigned:	06/27/2014	Date of Injury:	02/16/1994
Decision Date:	08/21/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/04/2014

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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 54-year-old female who has submitted a claim for fibromyalgia, history of mitral valve prolapse, Raynaud's syndrome, Sicca syndrome, and postlaminectomy syndrome associated with an industrial injury date of 02/16/1994. Medical records from 2013 to 2014 were reviewed. The patient complained of total body pain and chronic fatigue. The patient reported pain at the neck, hands, and feet. A physical examination showed tenderness at the cervical spine. The neurologic exam was normal. There were no arthritic deformities noted. A progress report from June 2012 cited that patient had xerostomia and nocturnal bruxism. She had a bridge at upper left posterior teeth and crowns were placed at the right side. Physical examination from June 2012 showed missing teeth #3, #4, #13, #13, #16, #17, #29, #31, and #32. Treatment to date has included left TMJ disectomy, use of an occlusal splint, cervical spine fusion, epidural steroid injection, total knee replacement, aqua therapy, and medications. Utilization review from 04/01/2014 modified the request for dental care for fractured teeth (teeth #s not specified) into referral to dental care x 1 office visit because the fractured tooth # was not specified; and denied pool therapy (frequency and duration not specified) because there was limited evidence of significant deficits on exam to support the request for therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental care for fractured teeth (teeth #s not specified): 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 in Worker's Compensation , Dental Trauma Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Section, Dental Trauma Treatment.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that if part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. In this case, the patient was advised to undergo tooth repair in order to avoid possible infection and further complications given that her history was significant for mitral valve prolapse. However, the most recent progress report available citing dental physical examination was dated June 2012. The current status of the patient is not known. Moreover, the request is not specific as the guidelines recommend various treatment procedures dependent on the status of the fractured tooth. Therefore, the request for Dental care for fractured teeth (teeth #s not specified) is not medically necessary.

Pool therapy (frequency and duration unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Aquatic Therapy Page(s): 22-23.

Decision rationale: As stated on pages 22-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, patient has a known fibromyalgia and previously attended a course of aquatic therapy with beneficial effects. However, the total number of sessions attended and objective functional improvement were not well documented. The medical necessity cannot be established due to insufficient information. Moreover, the request failed to specify body part to be treated and intended number of therapy sessions. Therefore, the request for Pool therapy (frequency and duration unknown) is not medically necessary.