

<b>Case Number:</b>	CM14-0060775		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	11/06/2003
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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:

Records reviewed indicate that this is a female patient with a date of injury on 11/06/03. June 09, 2014 report of orthopedic surgeon [REDACTED] states: I diagnosed her with (a) bilateral shoulder sprain with history of left scope; (b) bilateral wrist tendinitis / first carpometacarpal osteoarthritis, with history of left carpal tunnel release; (c) bilateral knees patellofemoral arthritis; and (d) others (bruxism and jaw pain). On April 7, 2014, I requested for the treatment referenced above...Apart from the musculoskeletal pain, the patient also suffers from Temporomandibular discomfort caused by her new dental appliance. She experienced pain, as well as grinding of teeth which may be indicative of Temporomandibular joint syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dental specialist consult:** 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) 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:** Based on [REDACTED] report and the medical reference mentioned above, this IMR reviewer finds the request for a dental specialist consult medically necessary. This patient will benefit from additional expertise. Therefore, Dental specialist consult is medically necessary.