

<b>Case Number:</b>	CM15-0138364		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	08/31/2014
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Dentist

### 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 injured worker is a 44 year old female, who reported an industrial injury on 8/31/2014. Her diagnoses, and or impression were noted to include post-traumatic left temporomandibular junction dysfunction; post-traumatic left upper incisor tooth fracture; and cervical, lumbar and thoracic spine sprain/strain. No current imaging studies were noted. Her treatments were noted to include diagnostic studies; medication management; and a return to work with modified work duties. The progress notes of 2/6/2015 reported constant throbbing headaches that were associated with blurred vision, a decrease in concentration and disruption of work activities; constant pain in her neck, thoracic and lumbar spine that was exacerbated by activities; left cheek, jaw, and teeth that was exacerbated by talking and with occasional locking; and of depression with fear of clients. Objective findings were noted to include tenderness over the left zygomatic arch, temporomandibular junction with increased pain upon opening/closing of the mouth and occasional locking at the left temporomandibular joint; a fractured left medial upper incisor tooth; tenderness over the para-cervical muscles and bilateral trapezii, right > left, with spasms in the cervical muscles; painful cervical range-of-motion causing bilateral upper extremity tingling; painful bilateral lumbar and lower extremity range-of-motion; and decreased left hand grip strength. The physician's requests for treatments were noted to include the treatment of multiple teeth, as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Treat tooth #2 as needed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association (ADA).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

**Decision rationale:** Records reviewed indicate that patient has tenderness over the left zygomatic arch, temporomandibular junction with increased pain upon opening/closing of the mouth and occasional locking at the left temporomandibular joint; a fractured left medial upper incisor tooth; Requesting dentist is recommending a non-specific treatment plan to "treat tooth #2". However, it is unclear to this reviewer what kind of specific treatment plan this dentist is recommending. Absent further detailed documentation of a specific treatment plan with a clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This request is not medically necessary at this time.

**Treat tooth #3 as needed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ADA.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

**Decision rationale:** Records reviewed indicate that patient has tenderness over the left zygomatic arch, temporomandibular junction with increased pain upon opening/closing of the mouth and occasional locking at the left temporomandibular joint; a fractured left medial upper incisor tooth; Requesting dentist is recommending a non-specific treatment plan to "treat tooth #3". However, it is unclear to this reviewer what kind of specific treatment plan this dentist is recommending. Absent further detailed documentation of a specific treatment plan with a clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This request is not medically necessary at this time.

**Treat tooth #7 as needed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ADA.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

**Decision rationale:** Records reviewed indicate that patient has tenderness over the left zygomatic arch, temporomandibular junction with increased pain upon opening/closing of the mouth and occasional locking at the left temporomandibular joint; a fractured left medial upper incisor tooth; Requesting dentist is recommending a non-specific treatment plan to "treat tooth #7". However, it is unclear to this reviewer what kind of specific treatment plan this dentist is recommending. Absent further detailed documentation of a specific treatment plan with a clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This request is not medically necessary at this time.

**Treat tooth #8 as needed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ADA.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

**Decision rationale:** Records reviewed indicate that patient has tenderness over the left zygomatic arch, temporomandibular junction with increased pain upon opening/closing of the mouth and occasional locking at the left temporomandibular joint; a fractured left medial upper incisor tooth; Requesting dentist is recommending a non-specific treatment plan to "treat tooth #8". However, it is unclear to this reviewer what kind of specific treatment plan this dentist is recommending. Absent further detailed documentation of a specific treatment plan with a clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This request is not medically necessary at this time.

**Treat tooth #9 as needed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ADA.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

**Decision rationale:** Records reviewed indicate that patient has tenderness over the left zygomatic arch, temporomandibular junction with increased pain upon opening/closing of the mouth and occasional locking at the left temporomandibular joint; a fractured left

medial upper incisor tooth; Requesting dentist is recommending a non-specific treatment plan to "treat tooth #9". However, it is unclear to this reviewer what kind of specific treatment plan this dentist is recommending. Absent further detailed documentation of a specific treatment plan with a clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This request is not medically necessary at this time.

**Treat tooth #12 as needed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ADA.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

**Decision rationale:** Records reviewed indicate that patient has tenderness over the left zygomatic arch, temporomandibular junction with increased pain upon opening/closing of the mouth and occasional locking at the left temporomandibular joint; a fractured left medial upper incisor tooth; Requesting dentist is recommending a non-specific treatment plan to "treat tooth #12". However, it is unclear to this reviewer what kind of specific treatment plan this dentist is recommending. Absent further detailed documentation of a specific treatment plan with a clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This request is not medically necessary at this time.

**Treat tooth #14 as needed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ADA.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

**Decision rationale:** Records reviewed indicate that patient has tenderness over the left zygomatic arch, temporomandibular junction with increased pain upon opening/closing of the mouth and occasional locking at the left temporomandibular joint; a fractured left medial upper incisor tooth; Requesting dentist is recommending a non-specific treatment plan to "treat tooth #14". However, it is unclear to this reviewer what kind of specific treatment plan this dentist is recommending. Absent further detailed documentation of a specific treatment plan with a clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order

to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This request is not medically necessary at this time.