

Case Number:	CM15-0187564		
Date Assigned:	09/29/2015	Date of Injury:	12/12/2013
Decision Date:	11/13/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/23/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 33 year old male patient, who sustained an industrial-work injury after slipping and falling and chipping a front tooth on 12-12-13. The diagnoses include right knee medial meniscus tear status post knee arthroscopy x2. Per the doctor's note dated 7-2-15 to 7-30-15 he had complains of right knee pain and dental injuries after falling. The physical examination of the right knee revealed range of motion- 0 to 125 degrees, peripatellar tenderness, medial joint line tenderness and trace effusion. The medications list includes ibuprofen. Per the notes dated 7- 2-15 to 7-30-15, the physician indicates that the patient states that he sustained dental injuries at the time of his injury and therefore should be evaluated by a dentist to determine need for treatment. He has had right knee MRI on 10/2/2015. Treatment to date has included pain medication, knee surgery, physical therapy and other modalities. The request for authorization date was 8-7-15 and requested service included Referral for dental evaluation. The original Utilization review dated 9-11-15 non-certified the request for Referral for dental evaluation as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for dental evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127.

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) Independent Medical Examinations and Consultations, page 127.

Decision rationale: Referral for dental evaluation. Per the cited guidelines, 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. Per the records provided, the patient sustained a dental injury due to a slip and falls incident. The details of current symptoms related to the teeth were not specified in the records provided. A detailed history related to the dental symptoms since the date of injury was not specified in the records provided. The medical necessity of a Referral for a dental evaluation is not fully established for this patient.