

Case Number:	CM14-0219247		
Date Assigned:	01/09/2015	Date of Injury:	07/28/2014
Decision Date:	03/10/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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:

The injured worker is a 55 year old male, who sustained an industrial injury on July 28, 2014, when thrown from a forklift against cardboard boxes, with injuries to the head, back, knee, and hip. The injured worker reported immediately experiencing an onset of severe pain in the groin, knees, and in the right side of the face, head, and jaw. The diagnoses have included cervical spine, thoracic spine, and lumbar spine musculoligamentous sprains/strains, bilateral shoulder sprain/strain with right impingement and left biceps tendinitis, right elbow sprain/strain with olecranon bursitis, right knee sprain/strain with patellofemoral arthralgia, jaw complaints, and rectal bleeding. Treatment to date has included acupuncture, physical therapy, and oral medications. Currently, the injured worker complains of his jaw feeling loose with constant clicking and popping with jaw movement. The Primary Treating Physician's report dated December 8, 2014, noted the injured worker stating that during the accident the impact caused the injured worker's arm to strike him in the right cheek and jaw, with a request for a dental consultation made. On December 18, 2014, Utilization Review non-certified the requests for oral facial pictures, diagnostic study models, and dental x-rays, noting the clinical information submitted for review failed to meet the evidence based guidelines. The Official Disability Guidelines (ODG), Head, Dental Trauma Treatment (facial fracture) was cited. The UR Physician noted that the clinical information did not contain physical assessment related to the dental and jaw. Utilization review certified full mouth x-rays. On December 31, 2014, the injured worker submitted an application for IMR for review of oral facial pictures, diagnostic study models, and dental x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oral facial pictures: 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), head, dental trauma treatment (facial fractures)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references]

Decision rationale: Per records reviewed and medical reference mentioned above, this IMR Reviewer finds this request for oral facial pictures medically necessary to properly evaluate this patient's Dental condition. Per medical reference mentioned above, " Microbiologic, genetic, biochemical, or other diagnostic tests may also be useful, on an individual basis" (J Periodontol 2011).

diagnostic study models: 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), head, dental trauma treatment (facial fractures)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references]

Decision rationale: Per records reviewed and medical reference mentioned above, this IMR Reviewer finds this request for diagnostic study models medically necessary to properly evaluate this patient's Dental condition. Per medical reference mentioned above, " Microbiologic, genetic, biochemical, or other diagnostic tests may also be useful, on an individual basis" (J Periodontol 2011).

Dental x-rays: 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), head, dental trauma treatment (facial fractures)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Natl J Maxillofac Surg. 2012 Jan;3(1):2-9. doi: 10.4103/0975-5950.102138. Efficacy of plain radiographs, CT scan, MRI and ultra sonography

in temporomandibular joint disorders. Sinha VP1, Pradhan H, Gupta H, Mohammad S, Singh RK, Mehrotra D, Pant MC, Pradhan R

Decision rationale: Based on the medical reference mentioned and the records reviewed/summarized above, this IMR reviewer finds this dental request to be medically necessary to better evaluate and diagnose this patient's condition. Per medical reference mentioned above, "Plain X-rays are useful for destructive bony changes and sonography is a good in aid in diagnosing disc derangement and is very economical." (Sinha VP 2012).