

Case Number:	CM15-0123525		
Date Assigned:	07/07/2015	Date of Injury:	10/07/1983
Decision Date:	08/11/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/26/2015

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 66-year-old woman sustained an industrial injury on 10/7/1983. The mechanism of injury is not detailed. Evaluations include right shoulder MRI dated 6/12/2014, undated right elbow MRI, and undated right shoulder x-rays. Diagnoses include right shoulder rotator cuff tear and massive involvement of supraspinatus and infraspinatus with retraction and left shoulder rotator cuff tear. Treatment has included oral medications. Physician notes dated 12/4/2014 show complaints of bilateral shoulder pain with the right side worse than the left. Recommendations include surgical intervention with post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anesthesia doctor: 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 ACOEM Guidelines, chapter 7 p. 127.

Decision rationale: Records from the clinical psychologist [REDACTED] reviewed indicate that this patient has been diagnosed with pain disorder associated with both psychological factors and a medical condition. Patient also has anxiety disorder. Treating dentist report dated 05/29/15 states patient to have maintenance therapy prior to implant surgery. Patient stated that she would like to be sedated for the implant surgery. Since this patient has been diagnosed with psychiatric disorders, including anxiety and pain disorder, this reviewer finds this request for anesthesia doctor to be medically necessary to decrease the pain and anxiety associated with the implant procedure. This patient will benefit from the additional expertise of an anesthesia doctor. 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. The request is medically necessary.

Transportation to and from office: 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 Official Disability Guidelines (ODG) Head Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprise 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. 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. Rather than resting on the gum line like removable dentures, or using adjacent teeth as anchors like fixed bridges, dental implants are long-term replacements. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. The placement of dental implants can have deleterious effects on the growing alveolar process, and it is necessary to delay implant reconstruction until the cessation of skeletal or alveolar growth. In situations where replacement of the tooth is accomplished by dental implants, the dental crown is also included.

Decision rationale: Records from the clinical psychologist [REDACTED] reviewed indicate that this patient has been diagnosed with pain disorder associated with both

psychological factors and a medical condition. Patient also has anxiety disorder. Treating dentist report dated 05/29/15 states patient to have maintenance therapy prior to implant surgery. Patient stated that she would like to be sedated for the implant surgery. Since this patient has been approved for anesthesia doctor during implant procedure, patient will not be fit to drive back home due to the sedative effects of the anesthesia. Therefore this reviewer finds this request for transportation to and from office medically necessary to safely transport this patient. The request is medically necessary.