MAXIMUS Federal Services

Case Number:	CM15-0144156		
Date Assigned:	08/05/2015	Date of Injury:	12/12/2013
Decision Date:	12/08/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/24/2015

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: New Jersey, New York
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:

The 33 year old male injured worker suffered an industrial injury on 12-12-2013. On 7-30-2015 the treating provider reported the injured worker stated he sustained dental injuries at the time of the industrial injury and the provider noted he should be evaluation by a dentist to determine need for treatment. On 12-12-2013 the provider reported the injured worker had chipped a front tooth from the industrial injury causing abrasion to the facial area. Request for Authorization date was 8-7-2015. The Utilization Review on 9-11-2015 determined non-certification for Dental consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: As per the MTUS guidelines, "referral may be appropriate if the practitioner is uncomfortable with" treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan." Consultations are warranted if there are persistent symptoms. The patient had a chipped tooth from the injury which would require the expertise of a dentist. Therefore, it is reasonable to have a dental consult. The request is medically necessary.