MAXIMUS Federal Services

| Case Number: | CM15-0028211 | | |
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| Date Assigned: | 02/20/2015 | Date of Injury: | 12/01/2014 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 01/15/2015 |
| Priority: | Standard | Application Received: | 02/13/2015 |

## 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:

The injured worker is a 43 year old female, who sustained an industrial injury on 12/1/2014. She has reported tripping and falling resulting in neck pain, left shoulder pain, chipping a tooth and headaches. The diagnoses have included status post fall, head contusion, cervical strain, chipped front tooth, and trapezius strain. Treatment to date has included anti-inflammatory, muscle relaxant, rest, and work reduction. Currently, the IW reported feeling a little better, rated neck pain 4/10 with intermittent headache every other day. She had been evaluated weekly, and by 1/5/15, the physical examination documented tenderness to palpation bilateral neck/shoulder area with pain rated 3/10, headaches were reported as decreased, there had been one or two physical therapy sessions, and a dental consult had taken place and the tooth repaired, although no dental records had been submitted for this review. The plan of care included continuation of current medications, continuing physical therapy and to follow up in one week. On 1/15/2015 Utilization Review non-certified a (MRD) Mandibular Repositioning Devise, noting the medical records lacked documentation of objective information including decrease Range of Motion (ROM) and muscle spasms to support medication necessity. Non MTUS, ACOEM, and ODG Guidelines were cited. On 2/13/2015, the injured worker submitted an application for IMR for review of ( MRD) Mandibular Repositioning Devise.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRD, mandibular repositioning device:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/24471211.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation ( 9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2) A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency , intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear Page(s): 3.

**Decision rationale:** Records reviewed indicate that this patient had a dental consult with tooth repaired. The industrial injury has resulted in a chipped tooth. However there are no dental records for review from the requesting dentist to medically justify the need for this mandibular re-positioning device. Also there is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. Absent further detailed documentation and 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 IMR reviewer does not believe this has been met in this case. This IMR reviewer recommends non-certification at this time