

Case Number:	CM15-0028346		
Date Assigned:	02/20/2015	Date of Injury:	04/19/2007
Decision Date:	04/01/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/17/2015

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: Preventive Medicine, Occupational Medicine

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 male, who sustained an industrial injury on 4/19/07. He has reported a fractured mandible. The diagnoses have included status post mandibular fracture treated with open reduction and intermaxillary fixation, malocclusion, Bruxism, myofascial pain dysfunction syndrome symptoms, enamel fractures of teeth, residual scar and fractured or decayed teeth, since extracted. Treatment to date has included extraction of multiple teeth, repair of fractured mandible and orthodontic care. Currently, the injured worker complains of right jaw pain increased in past few months. Physical exam noted orthodontic treatment and ability to chew only soft foods. On 1/30/15 Utilization Review non-certified general anesthesia 1st 30 minutes GA1258, noting there are no guidelines to support using general anesthesia when the bone is not being harvested. NON-MTUS, ACOEM Guidelines, was cited. Approval was given for a bone allograft and dental implant. On 2/13/15, the injured worker submitted an application for IMR for review of general anesthesia 1st 30 minutes GA1258.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 General anesthesia (G.A) 1st 30 m GAI258: Upheld

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

http://www.aaoms.org/docs/practice_mgmt/coding_papers/anesthesia.pdf<http://www.aaoms.org/members/resources/practice-management-and-allied-staff/frequently-asked-questions/coding-faq/>.

Decision rationale: MTUS and ODG Guidelines do not address this issue. Other published standards state that general anesthesia may be utilized based on the size of the bone graft and complexity procedure. The implant is to be placed at the same time as the graft which implies the bone graft is not extensive. The exact details are not delineated by the operating surgeon. In addition, it is not delineated if the anesthesia is to be given by a 2nd qualified professional or to be provided by the operating surgeon. If it is provided by the surgeon Medicare standards bundle this service with the surgical procedure and California's reimbursement standards are largely based on Medicare rules. At this point in time, unless the requesting surgeon provides additional details that justify the medical necessity and provides the particular details regarding how the anesthesia is to be given, the request is not consistent with standards of care/billing. The request for General anesthesia 1st 30min GAI258 is not medically necessary.