

<b>Case Number:</b>	CM15-0073361		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	04/07/2014
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: 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 37-year-old male who sustained an industrial injury on 04/07/2014 from a 10-12 foot fall from a collapsed work roof with momentary loss of consciousness. The injured worker was diagnosed with post concussive syndrome, facial trauma, left shoulder rotator cuff capsule sprain, right shoulder muscle strain, and strain of left wrist, left hand, lumbar and right little and ring finger flexor. Treatment to date includes diagnostic testing, physical therapy (28 visits), mouth night guard and medications. According to the primary treating physician's progress report on March 2, 2015, the injured worker continues to experience low back and left shoulder pain rated as 9-10/10 with medications helping for a short time. The injured worker experiences intermittent headaches and left shoulder numbness with burning in his arms. The injured worker also reports temporomandibular joint (TMJ) pain, left side greater than right side and rated as 8-9/10. Examination demonstrated bilateral tenderness of the temporomandibular joint with left click. Neck was tender to palpation at the right basiocciput. Examination of the left shoulder demonstrated guarding with decreased range of motion and mild positive impingement signs. Current medications are listed as Naproxen and Tramadol. Treatment plan consists of ice, soft foods, physical therapy, medications, dental follow-up, certified bilateral temporomandibular Joint magnetic resonance imaging (MRI) with open and closed mouth, psychiatric evaluation, chronic pain management evaluation and the current request for 3 limited, problem-focused dental re-evaluations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 limited, problem-focused dental re-evaluations:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head (trauma, headaches, etc, not including stress and mental disorders), Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Office visits Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The ODG Codes for Automated Approval (CAA), designed to automate claims management decision-making, indicates the number of E&M office visits (codes 99201-99285) reflecting the typical number of E&M encounters for a diagnosis, but this is not intended to limit or cap the number of E&M encounters that are medically necessary for a particular patient. Office visits that exceed the number of office visits listed in the CAA may serve as a flag<sup>1/2</sup> to payers for possible evaluation, however, payers should not automatically deny payment for these if preauthorization has not been obtained. Note: The high quality medical studies required for treatment guidelines such as ODG provides guidance about specific treatments and diagnostic procedures, but not about the recommended number of E&M office visits. Studies have and are being conducted as to the value of virtual visits compared with inpatient visits; however the value of patient/doctor interventions has not been questioned. (Dixon, 2008) (Wallace, 2004).

**Decision rationale:** Records reviewed indicate that this patient fall from a collapsed roof with momentary loss of consciousness. The injured worker was diagnosed with post concussive syndrome along with facial trauma and currently has temporomandibular joint (TMJ) pain, left side greater than right side and rated as 8-9/10. Examination demonstrated bilateral tenderness of the temporomandibular joint with left click. Patient continues to have pain. Per reference mentioned above, "Office visits Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged" (ODG). Since this patient continues to have severe pain levels in his TMJ, this reviewer finds this request for 3 limited problems focused dental re-evaluations is medically necessary to properly diagnose and treat this patient's condition.