

Case Number:	CM13-0000770		
Date Assigned:	12/27/2013	Date of Injury:	04/11/2013
Decision Date:	03/26/2014	UR Denial Date:	05/01/2013
Priority:	Standard	Application Received:	06/20/2013

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. The expert reviewer is a licensed Dentist and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working least at 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 27-year-old female who reported an injury on 04/11/2013 after a rock was thrown at her by a student, causing injury to her dentition. The patient was evaluated by a dentist. Physical evaluation revealed a chip on the #9 tooth on the incisional edge and chips on the diastema between #8 and #9 at approximately 1 mm, and a chip on #10 mesial/lingual side. It was also noted that #8 through #10 were luxated palatally which did not allow for posterior teeth to occlude properly. 2 recommendations were made. As the #9 tooth had irrevocable pulpous damage, a crown was recommended. However, the #8 and #10 teeth were chipped and composite filling with bracing for re-alignment or crowns for the #8, #9, and #10 teeth with enameloplasty was also recommended as an option.

IMR ISSUES, DECISIONS AND RATIONALES

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

crowns #8 and #9, composite filling #10 with Enameloplasty to correct the bite: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin: Dental Services and Oral and Maxillofacial Surgery: Coverage Under Medical Plans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Dental trauma treatment (facial fractures).

Decision rationale: Official Disability Guidelines state, "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." As the clinical documentation does not support that the #8 and #10 teeth do not have non-viable pulpous, then a crown would not be indicated by Official Disability Guidelines. As such, the requested crowns #8 and #9, composite filling #10 with Enamelplasty to correct the bite are not medically necessary or appropriate.

The request for composite filling #8 and #9 and #10 limited orthodontics to correct the bite and distima, and future crowns on #8 and #9 are recommended is not medically necessary and appropriate.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on the AETNA Clinical Policy Bulletin: Dental Services and Oral and Maxillofacial Surgery: Coverage Under Medical Plans

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Dental trauma treatment (facial fractures).

Decision rationale: The requested composite filling #8 and #9 and #10 limited orthodontics to correct the bite and distima, and future crowns on #8 and #9 are not medically necessary or appropriate. The need for future crowns cannot be determined without regular evaluation of the pulpous for viability. Official Disability Guidelines only recommend crowns for teeth with non-viable pulpous. As such, the requested composite filling #8 and #9 and #10 limited orthodontics to correct the bite and distima, and future crowns on #8 and #9 are not medically necessary or appropriate.

