

Case Number:	CM13-0001086		
Date Assigned:	11/08/2013	Date of Injury:	06/12/2009
Decision Date:	04/28/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/09/2013

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 Board Certified Dentist, and is licensed to practice in California. 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/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:

Comprehensive dental evaluation report dated 6/20/13 indicates that the claimant denies jaw fracture, trauma to the face or jaw, and fractures in the past. The claimant drinks alcoholic beverages socially and does not smoke. The claimant complains of facial pain. The claimant stated that during the night, the claimant feels grinding and cutting of cheeks. The claimant feels more gaps between teeth. There is clenching of teeth. Examination of dentition reveals that the claimant has Class 1 dental occlusion. At the time of the examination, there is missing teeth # 1, 16, 17, and 32. Teeth #14 and 30 have PFM crowns. There is small maxillary torus, slight scalloping of lateral borders of the tongue, and abnormal occlusal wear on both anterior and posterior maxillary teeth. There is mild tenderness upon palpation on the right side of sternocleidomastoid muscle, masseter muscle, right side of temporomandibular joint, and splenius capitis muscle. Measurements of jaw opening, lateral and protrusive movement reveals 50 mm maximum opening, 12 mm maximum left laterotrusion and 10 mm maximum right laterotrusion. The claimant suffers from myofascial pain and capsulitis. The provider recommends consult with [REDACTED], periodontist, consultation with [REDACTED], prosthodontist to determine treatment necessary to restore mouth, 4 sessions of office visit, delivery of intra-occlusal splint and appliance fitting and training."

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127.

Decision rationale: According to the AME report dated 08/30/12, the employee has generalized moderate to severe bone loss throughout the mouth. The employee's most severe bone loss is localized around #14,19,28,29,30,31. The employee has generalized inflamed gingival tissues on the lower lingual gingiva with significant peridontal pocket formation in all the posterior areas. Therefore a referral to Periodontist [REDACTED], is medically necessary and appropriate. Based on ACOEM Guidelines, Chapter 7, Page 127, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The employee with generalized moderate to severe bone loss, should be further evaluated by a Periodontist (Specialist), as the employee will benefit from the additional expertise. I also agree with the AME's findings (Report dated August 30, 2012) that consultation with a Periodontist to treat the employee's chronic periodontal condition is medically necessary and appropriate.

REFERRAL TO [REDACTED], PROSTHODONTIST TO DETERMINE TREATMENT NECESSARY TO RESTORE CLAIMANT'S MOUTH: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127.

Decision rationale: According to the AME evaluation of the employee, the employee's entire dentition is severely damaged from grinding of the teeth, with a resultant closed vertical dimension from loss of occlusal tooth structure. The photographs and dental radiographs clearly show the exceptional damage to the dentition as a result of grinding. The grinding and clenching of the teeth, and bracing of the facial musculature, have resulted in myofascial pain in the employee, as well as increased tooth damage. These findings support the Referral to Prosthodontist [REDACTED] to determine treatment necessary to restore applicant's mouth. Based on ACOEM Guidelines, Chapter 7, Page 127, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this employee, grinding and clenching of the teeth, and bracing of the facial musculature, have resulted in myofascial pain in the employee, as well as increased tooth damage. Also, the bruxism has closed the applicant's vertical dimension of occlusion. In this case, the employee

should further be evaluated by a Prosthodontist (Specialist), as the employee will benefit from the additional expertise.