

Case Number:	CM13-0001557		
Date Assigned:	07/18/2013	Date of Injury:	02/15/1992
Decision Date:	02/06/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is a Doctor of Dental Surgery and is licensed to practice in Texas. 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 physician 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 male who reported an injury on 08/03/2003 and 02/15/1992. The documentation provided included a Stipulations with Request for Award form. This document indicated that reasonable future medical care for the right knee and the #4 and #13 teeth should be provided. It is also documented that dental care could not be provided for conditions arising from poor dental hygiene.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endosteal Implant Placement Tooth #13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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.

Decision rationale: The requested endosteal implant placement tooth #13 is not medically necessary or appropriate. The Official Disability Guidelines do recommend dental surgery for dental trauma related to an industrial injury. The documentation provided does not provide any evaluation to support that the requested intervention is related to the industrial injury and not

related to the patient's dental hygiene. There was no evaluation or imaging study to support the need for any dental intervention. As such, the requested endosteal implant placement tooth #13 is not medically necessary or appropriate

Unspecified Adjacent Protectant Tooth #13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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.

Decision rationale: The requested unspecified adjacent protectant tooth #13 is not medically necessary or appropriate. The Official Disability Guidelines do recommend dental surgery for dental trauma related to an industrial injury. The documentation provided does not provide any evaluation to support that the requested intervention is related to the industrial injury and not related to the patient's dental hygiene. There was no evaluation or imaging study to support the need for any dental intervention. As such, the requested unspecified adjacent protectant tooth #13 is not medically necessary or appropriate.

Bone Replacement Tooth #13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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.

Decision rationale: The requested bone replacement tooth #13 is not medically necessary or appropriate. The Official Disability Guidelines do recommend dental surgery for dental trauma related to an industrial injury. The documentation provided does not provide any evaluation to support that the requested intervention is related to the industrial injury and not related to the patient's dental hygiene. There was no evaluation or imaging study to support the need for any dental intervention. As such, the requested bone replacement tooth #13 is not medically necessary or appropriate

Guided Tissue Regeneration: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter on Head, (Updated 6/4/2013), Section on Dental Trauma Treatment (facial fractures).

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.

Decision rationale: The requested guided tissue regeneration is not medically necessary or appropriate. The Official Disability Guidelines do recommend dental surgery for dental trauma related to an industrial injury. The documentation provided does not provide any evaluation to support that the requested intervention is related to the industrial injury and not related to the patient's dental hygiene. There was no evaluation or imaging study to support the need for any dental intervention. As such, the requested guided tissue regeneration is not medically necessary or appropriate.

General Anesthesia - additional 15 minutes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter on Head, (Updated 6/4/2013), Section on Dental Trauma Treatment (facial fractures).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence: Andersson, L., Kahnberg, K. E., & Pogrel, M. A. (Eds.). (2012). Oral and Maxillofacial Surgery. John Wiley & Sons.

Decision rationale: The requested general anesthesia for an additional 15 minutes is not medically necessary or appropriate. There was no clinical documentation submitted for review to support dental surgery. Therefore, general anesthesia would not be indicated. As such, the requested general anesthesia for an additional 15 minutes is not medically necessary or appropriate.

Bio Mat for Tissue Regeneration: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter on Head, (Updated 6/4/2013), Section on Dental Trauma Treatment (facial fractures).

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.

Decision rationale: The requested "Bio Mat" for tissue regeneration is not medically necessary or appropriate. The Official Disability Guidelines do recommend dental surgery for dental trauma related to an industrial injury. The documentation provided does not provide any evaluation to support that the requested intervention is related to the industrial injury and not related to the patient's dental hygiene. There was no evaluation or imaging study to support the need for any dental intervention. As such, the requested "Bio Mat" for tissue regeneration is not medically necessary or appropriate.

