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| Case Number: | CM13-0015425 | | |
| Date Assigned: | 03/12/2014 | Date of Injury: | 08/28/2007 |
| Decision Date: | 07/17/2014 | UR Denial Date: | 08/05/2013 |
| Priority: | Standard | Application Received: | 08/22/2013 |

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 Board Certified in Dentistry 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:

Based on the provider's reports, this patient is a 51-year-old male, who was involved in an industrial injury on 11/01/2006. The patient finds that in response to his industrial related orthopedic pain, he has developed emotional stressors. The patient finds he is clenching his teeth bracing his facial musculature which has resulted in the patient developing facial and jaw pain. Also, as a result of this bruxism/clenching and grinding of his teeth, the patient has resultantly fractured some of his teeth. The patient complains that a side effect of the medications he is taking is causing him to have dry mouth, with resultant bleeding of the gums and decay of the teeth. Based on the provider's report dated 07/31/2012, the patient had an industrial related injury dated 11/01/2006. The provider has found that patient has missing teeth #1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 14, 15, 16, 17, 18, 19, 29, 30, fractured teeth # 23, 24, 25, 26, 27, decayed teeth #20 and 21, and retained root tips #20 and 31. This patient is diagnosed with traumatic injury to the teeth, mandible, face, bruxism/clenching and grinding of the teeth, xerostomia, myofascial pain of the facial musculature, internal derangements osteoarthritis of the temporomandibular joint (TMJ) discs, and aggravated periodontal disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

TISSUE CONDITIONING MAXILLARY U 5850: 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), Online version, Head Chapter, 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), Online version, Head Chapter, Dental Trauma treatment (facial Fractures).

Decision rationale: Based on the documentation provided for review, it is in the patient's best interest if maxillary immediate denture is fabricated as soon as possible so that patient can resume normal function. Therefore, the request for tissue conditioning maxillary is not medically necessary.

RELINEX MAXILLARY PARTIAL DENTURE 5740: 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), Online version, Head Chapter, 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), Online version, Head Chapter, Dental Trauma treatment (facial Fractures).

Decision rationale: Based on the documentation provided for review, it is in the patient's best interest if maxillary immediate denture is fabricated as soon as possible so that patient can resume normal function. Therefore, the request for relinex maxillary partial denture is not medically necessary.