MAXIMUS Federal Services

Case Number:	CM13-0016202		
Date Assigned:	11/06/2013	Date of Injury:	06/20/2012
Decision Date:	03/17/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/26/2013

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 expert reviewer is licensed in Dentistry 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 34-year-old injured worker who reported an injury on 06/20/2012 due to a fall of approximately 15 to 20 feet that caused injury to his left wrist and multiple fractures of the jaw. This resulted in multiple maxillary surgeries. The patient's most recent dental evaluation revealed trauma to several teeth which included substantial fractures to teeth number 3, number 12, number 13, and number 14. Crowns were recommended to prevent further deterioration and nerve damage for these teeth.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tooth colored filling two surfaces for tooth number 4 DO: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Official Disability Guidelines do recommend dental trauma treatment resulting from fascial fractures. However, the clinical documentation submitted for review does provide evidence that the patient was recommended to rule out any additional oral surgery. The

results of that surgery were not provided. Also, the need for additional surgery was not addressed. Additionally, there are no diagnostic imaging studies to support the need for dental intervention at this time. The request for tooth colored filling for 2 surfaces is not medically necessary and appropriate.

Core buildup for tooth number 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Official Disability Guidelines do recommend dental trauma treatment resulting from fascial fractures. However, the clinical documentation submitted for review does provide evidence that the patient was recommended to rule out any additional oral surgery. The results of that surgery were not provided. Also, the need for additional surgery was not addressed. Additionally, there are no diagnostic imaging studies to support the need for dental intervention at this time. The request for core buildup is not medically necessary and appropriate.

Root canal for tooth number 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Official Disability Guidelines do recommend dental trauma treatment resulting from fascial fractures. However, the clinical documentation submitted for review does provide evidence that the patient was recommended to rule out any additional oral surgery. The results of that surgery were not provided. Also, the need for additional surgery was not addressed. Additionally, there are no diagnostic imaging studies to support the need for dental intervention at this time. The request for a root canal is not medically necessary and appropriate.

Prefabricated post and core for tooth number 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Official Disability Guidelines do recommend dental trauma treatment resulting from fascial fractures. However, the clinical documentation submitted for review does provide evidence that the patient was recommended to rule out any additional oral surgery. The results of that surgery were not provided. Also, the need for additional surgery was not addressed. Additionally, there are no diagnostic imaging studies to support the need for dental intervention at this time. The request for prefabricated post and core is not medically necessary and appropriate.