

Case Number:	CM13-0016527		
Date Assigned:	11/06/2013	Date of Injury:	06/20/2012
Decision Date:	07/25/2014	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 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, Periodontics 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:

The patient is a male, who suffered a work related injury on 6/20/12. Included for review are multiple claim forms, a treatment ledger and a prior utilization review denial letter. There are not clinical notes, radiographs or medical records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CORE BUILDUP (SUPPORT FOR CROWN) FOR TOOTH NUMBER 14: 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 Non-MTUS (1) Edwards PC, Kanjirath P. Recognition and management of common acute conditions of the oral cavity resulting from tooth decay, periodontal disease and trauma: an update for the family physician. J Am Board Fam Med 2010;23:285-294; (2) Christensen GJ When is a full-crown restoration indicated? J Am Dent Assoc 2007;138:101-103 and (3) Rotstein I, Simon JH Diagnosis, prognosis and decision-making in the treatment of combined periodontal-endodontic lesions, Periodontal 2000 2004;34:165-203.

Decision rationale: Based on the information provided, there is insufficient evidence to support this therapy. There are no clinical notes describing the condition of the tooth, diagnosis related to the tooth, nor any radiographic images to show the presence or extent of disease. Therefore, the request for 1 core build-up (support for crown) for tooth #14 is not medically necessary.

1 ROOT CANAL ON BACK TOOTH FOR TOOTH NUMBER 14: 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 Non-MTUS (1) Edwards PC, Kanjirath P. Recognition and management of common acute conditions of the oral cavity resulting from tooth decay, periodontal disease and trauma: an update for the family physician. J Am Board Fam Med 2010;23:285-294; (2) Christensen GJ When is a full-crown restoration indicated? J Am Dent Assoc 2007;138:101-103 and (3) Rotstein I, Simon JH Diagnosis, prognosis and decision-making in the treatment of combined periodontal-endodontic lesions, Periodontal 2000 2004;34:165-203.

Decision rationale: Based on the information provided, there is insufficient evidence to support this therapy. There are no clinical notes describing the condition of the tooth, diagnosis related to the tooth, nor any radiographic images to show the presence or extent of disease. Therefore, the request for 1 root canal on back tooth for tooth #14 is not medically necessary.

1 CROWN (ALL CERAMIC) TO PROTECT TOOTH FOR TOOTH NUMBER 14:
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 Non-MTUS (1) Edwards PC, Kanjirath P. Recognition and management of common acute conditions of the oral cavity resulting from tooth decay, periodontal disease and trauma: an update for the family physician. J Am Board Fam Med 2010;23:285-294; (2) Christensen GJ When is a full-crown restoration indicated? J Am Dent Assoc 2007;138:101-103 and (3) Rotstein I, Simon JH Diagnosis, prognosis and decision-making in the treatment of combined periodontal-endodontic lesions, Periodontal 2000 2004;34:165-203.

Decision rationale: Based on the information provided, there is insufficient evidence to support this therapy. There are no clinical notes describing the condition of the tooth, diagnosis related to the tooth, nor any radiographic images to show the presence or extent of disease. Therefore, the request for 1 crown (all ceramic) to protect tooth for tooth #14 is not medically necessary.