

Case Number:	CM13-0023760		
Date Assigned:	11/15/2013	Date of Injury:	09/17/2000
Decision Date:	01/07/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/12/2013

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 Board Certified in Dentistry and 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 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, [REDACTED], born [REDACTED], suffered a work related injury on 9/17/2000 and has been taking pain medications associated with the injury. The recent request for extraction of #18 and 19 has been denied due to lack of orientation related to the radiographs provided. Deducing from the multiple exams and the evaluation form for claim of dry mouth associated with medication 4/1/13, it can be deduced that the patient does not have teeth #'s 1, 2, 14, 15, 16 and 31 which allows for orientation of the posterior radiographic films and determination of caries on #18 and 19. Review of the notes indicates that these teeth have decay to the extent that they are non restorable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extraction of teeth 18 and 19: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schwendicke, F., et al., Failure of incompletely excavated teeth- -a systematic review. Journal of dentistry, 2013. 41(7): p. 569-580..

Decision rationale: I am reversing the prior UR decision and my decision is that the issue listed above is medically necessary. The reasons for reversing the prior UR decision are listed in the rationale below. "MTUS guidelines are not applicable for this case as they do not state what to do with teeth that have been deemed hopeless due to non restorability. As such, teeth that have experienced extensive decay and that have been deemed non restorable are to be extracted. Based upon the clinical evaluation and supporting radiographic documentation teeth #18 and 19 have extensive decay which has made them unrestorable. As such teeth with such a designation have a hopeless prognosis and must be extracted to avoid further spread of caries to other teeth within the amount and to prevent endodontic involvement and possible endodontic abscess. This is a standard of care decision and is therapy that is consistent with the most basic tenants of restorative dentistry.