

<b>Case Number:</b>	CM13-0028933		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	07/07/2011
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 Dental 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 7/7/11 which affected his teeth. The documentation provided includes previous requests and denials for therapy related to teeth #3 and #31 for possible root canal therapy, scaling and root planing and implant therapy. There are no probing depths, no indication of bleeding upon probing, no indication of levels of attachment nor attachment loss, and no indication of the presence of recession. There are no radiographic images to exhibit the extent and location of decay for teeth #3 and #31. There are no clinical notes included describing the extent and location of decay, restorability, pulpal diagnosis, nor amount and location of remaining tooth structure. There is no diagnosis given for teeth #3 and 31 periodontally nor restoratively. There is no prognosis given for #3 nor 31. Currently there is a request for the following therapies D3330 root canal therapy, D7210 surgical extraction, D6010 surgical placement of implant body, D6067 implant crown, D4341 scaling and root planing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**treating teeth #3 and #31 as needed:** 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 on Sanz I, Alonso B, Carasol M, Herrera D, Sanz M. Nonsurgical treatment of periodontitis. J Evid Based Dent Pract 2012;12(3 Suppl):76-86, Armitage GC. Diagnosis of periodontal diseases. Journal of periodontology 2003;74(8):1237-47, Greenwell H. Position paper: Gu

**Decision rationale:** There are no probing depths, no indication of bleeding upon probing, no indication of levels of attachment nor attachment loss, and no indication of the presence of recession. There are no radiographic images to exhibit the extent and location of decay for teeth #3 and #31. There are no clinical notes included describing the extent and location of decay, restorability, pulpal diagnosis, nor amount and location of remaining tooth structure. There is no diagnosis given for teeth #3 and 31 periodontally nor restoratively. There is no prognosis given for #3 nor 31. Because of the insufficient documentation provided, the requested therapies cannot be considered medically necessary.