

<b>Case Number:</b>	CM13-0034736		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	04/27/2009
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 licensed in Dental, 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 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 68-year-old female who reported an injury on 4/27/09; after tripping and falling, she landed on her face, causing trauma to her mouth and teeth, a concussion, torn ligaments in her left shoulder, and damage to her left toe and foot. The patient was evaluated in April of 2013; she reported that she had mechanical symptoms of the temporomandibular joint to include jaw deviation upon opening and bruxism. She was evaluated in September of 2013 and it was noted that the bridge at the #5, #6, #7, #8, #9, and #10 teeth had issues with fitting, form, and contour that would eventually require replacement. It was noted that the surrounding foundation of the bridge was compromised. However, it is noted that in November of 2013 the patient was evaluated and there were four dental implants at the #5, #7, #8, and #9 that were considered to be in excellent health.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement of the #5, 6, 7, 8, 9, and 10 crowns:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The clinical documentation submitted for review evidences that the patient received four dental implants at the #5, #7, #8, and #9 positions. The Official Disability Guidelines recommend dental surgery to return a patient to preoperative appearance and function after trauma. The clinical documentation submitted for review states that the patient received trauma to her teeth, but she does also have bruxism and does not use a guard to protect her teeth. As this condition may cause further damage to the patient's teeth, this condition should be addressed prior to additional restorative surgery. As such, the request is not medically necessary or appropriate.