

Case Number:	CM13-0035350		
Date Assigned:	12/13/2013	Date of Injury:	05/09/1995
Decision Date:	02/21/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/16/2013

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 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 64-year-old male who reported a work-related injury on 05/09/1995 as the result of a fall. The patient presents for treatment of the following diagnoses: bilateral total knee replacements and cervical fusion. The clinical note dated 10/07/2013 reports a reply to a previous adverse determination for the current request by [REDACTED]. The provider is recommending dental treatment to the patient's #15 tooth. The provider documented the patient has been diagnosed in the past and present with the following: traumatic injury to upper and lower teeth, parafunctional activities, xerostomia, dry mouth due to side effect of medications. The provider documents the patient has been suffering from xerostomia secondary to the medications for which he has been utilizing due to his work-related injury. The provider documented upon physical exam of the patient on 09/20/2013 that the patient complained of dry mouth, jaw pain, pain to the lower right and upper left area and sensitivity to cold temperature, gum irritation and food impaction in the upper left side, and grinding of teeth. The provider documented upon objective exam of the patient that the patient had-capsulitis of the TMJ bilaterally, myofascial pain on the facial area, parafunctional activity, scalloping of the lateral border of the tongue, dental caries, moderate dental caries on tooth #15, xerostomia, pain to percussion of tooth #31, and the patient had a filling which was close to the pulp on tooth #31. The provider recommended the patient undergo 2 surface composite fillings to tooth #15 as well as a cap. &ç;

IMR ISSUES, DECISIONS AND RATIONALES

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

Tooth #15 indirect pulp cap; 2 surfaces composite filling: Overturned

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

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

Decision rationale: The clinical documentation submitted for review indicates the patient presents with subjective as well as objective pain complaints about tooth #15. The patient's dentist documents that the patient has had significant decay to the teeth as a result of xerostomia secondary to his work-related injury resulting in a medication regimen. The Official Disability Guidelines indicate dental trauma treatment is supported, but any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. However, the patient presents status post his work-related injury of over 18 years with a chronic diagnosis of xerostomia. Given all the above, the request for Tooth #15 indirect pulp cap; tooth #15 (MO) 2 surfaces composite filling is medically necessary and appropriate.