

<b>Case Number:</b>	CM13-0036633		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	11/20/2006
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Dentistry 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:

No legible dental reports from the requesting dentist have been provided to this IMR reviewer. There is only a hand written "treatment progress note" which is not legible. The only report available is the UR dentist report dated 10/7/13 which states: Documentation notes that the claimant was injured in a fall where a "broken neck was sustained" and medication used resulted in tooth decay. The claimant presented with complaints of pain in the upper anterior teeth. Exam reportedly notes moderate periodontal disease, decay in teeth 7,9,28, and 29. The claimant is missing teeth 3, 5, 10, 18, 19, and 24. The provider notes 2 options for care: The first option is for extractions for 7 and 9 and implants and abutment/crowns on 3, 18, 19 and 24. The second option for care includes build up and crowns for #2, 11, 14, and 15. Root canal therapy on 11, fillings on 6, 28 and 29 and extraction of 7, 9 with implant and abutment/crowns on 3, 7, 9,10,18,19, and 24. It is noted that radiographs from 08/19/13 depict carious lesions (extensive decay), multiple missing teeth and significant direct and indirect restorative procedures. X-rays were submitted but are of poor copy quality and notes are handwritten and difficult to decipher. UR dentist has denied this request stating: "The history of dental care is not outlined for this 7-year-old injury and the exam findings presented are largely illegible. Without exam findings and a comprehensive dental evaluation report documentation is insufficient to support the medical necessity of the treatment plans presented".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DENTAL WORK- ROOT CANALS, CROWNS, BUILD UP IMPLANTS, FILLINGS, EXTRACTION, BONE GRAFT-4 IMPLANTS/UPPER ANTERIOR BRIDGE VS. 7 - IMPLANTS: Upheld**

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

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

**Decision rationale:** This request is very vague, and not specific. Also, there is no recent legible documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. This IMR reviewer recommends non-certification at this time.