

Case Number:	CM13-0050449		
Date Assigned:	12/27/2013	Date of Injury:	04/18/2008
Decision Date:	07/28/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/11/2013

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:

This is a 67-year-old female who reported industrial injury on 04/18/2008. The patient was noted to have mid back pain with radiation to her low back and depression due to the continued low back pain as well two left upper teeth due to the fall on 04/21/2013 which was noted to be caused by her low back and legs giving out from the industrial injury. [REDACTED] is requesting dental work for broken teeth. She was evaluated by AME [REDACTED] on 02/12/2013, prior to her fall on 04/21/2013; therefore there is no comment by this AME regarding the causation and industrial relation of the 2 fractured teeth. The insurance company has denied treatment for these broken teeth.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE DENTAL WORK FOR BROKEN TEETH: Overturned

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 Official Disability Guidelines (ODG) Head, Dental Trauma Treatment (Facial Fractures).

Decision rationale: Dental work for broken teeth is medically necessary in this patient since it has been found that she has broken teeth, and per ODG guidelines referenced above, Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury.