

<b>Case Number:</b>	CM13-0052564		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/09/2005
<b>Decision Date:</b>	03/13/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Dentistry 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 51-year-old female who reported an injury on 06/09/2005. The mechanism of injury was a desk fell on top of her. During a surgery, while being intubated her teeth were cracked. The patient has been diagnosed with musculoligamentous sprain/strain of the lumbar spine; bilateral knee pain, status post right knee surgery; severe osteoarthritis of the knees; musculoligamentous sprain/strain of the cervical spine, status post fusion; bilateral shoulder injuries, status post right shoulder arthroscopic surgery; neurogenic bladder, status post brachial plexus and thoracic outlet surgeries bilaterally; fracture of the frontal teeth during intubation during neck surgery; rule out left cubital tunnel syndrome; hearing loss; dry eyes and blurred vision due to prescription medication; ataxia; depression/anxiety; and decreased/inability to perform activities of daily living and self-care. The patient was prescribed opiates due to numerous cervical surgeries. The patient noticed a lack of saliva and dry mouth. The patient noted numerous teeth decaying and dry mouth condition. The patient reported an abscessed tooth was removed. The patient began wearing an appliance inside her mouth to counteract teeth grinding. It was eventually lost. The patient had difficulty performing good oral hygiene due to upper extremity problems. The patient was diagnosed with bruxism, secondary to chronic pain; excessive wear and fracture of multiple natural teeth, secondary to bruxism; trauma to upper anterior teeth secondary to intubation procedure during cervical surgery on 09/02/2010; salivary changes secondary to medication use; and facial myositis, secondary to bruxism. The documentation stated that the patient required fabrication of properly fitted custom intra-oral appliance that she can wear comfortably to counteract bruxism and protect her teeth. Crowns are necessary for the broken teeth at #18, #30, and #31. The patient also had a complaint that there was a small pustule on top of the gums directly over the implant on #19. The patient has been

treated with 3 courses of antibiotics. The patient was referred to an endodontist for evaluation and treatment of the #18 tooth.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **A referral to an endodontist for evaluation and treatment for tooth #18: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group guideline for diagnosing and treating endodontic emergencies.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.guideline.gov](http://www.guideline.gov).

**Decision rationale:** CA MTUS/ACOEM nor ODG address the request. The National Guidelines state diagnosis and evaluation should be considered of both pulpal and periradicular status of the tooth or teeth in question. A complete medical and dental history, the patient's description of tooth complaints, visual and radiographic examination, thermal, electrical, percussion, palpation and mobility tests; periodontal examination, transillumination and observation of occlusal discrepancies, and radiographs of the tooth from more than 1 angle should take place prior to treatment. The documentation states the patient has a cracked tooth at #18. However, the Guidelines recommend diagnosis and evaluation prior to treatment. The documentation does not support medical necessity at this time. Given the lack of documentation to support Guideline criteria, the request for 1 referral to endodontist for evaluation and treatment of tooth #18 is non-certified.