

<b>Case Number:</b>	CM13-0057009		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/07/2001
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	11/14/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified 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 physician 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 36-year-old male who reported an injury on 06/07/2001 due to a mobile home falling into the patient, which reportedly caused a crush injury to his hips and damage to his internal organs. The patient underwent multiple surgeries and extensive follow up treatments. The most recent clinical documentation submitted for review does indicate that the patient has dental decay throughout the dentition as a result of xerostomia and bruxism due to chronic pain and medication usage. The patient's treatment plan included portal debridements of the number 7, 8, 9, and 10 teeth, and x-rays of the rest of the patient's dentition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four (4) pulpal debridements teeth #7, 8, 9 and 10:** Upheld

**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 Chapter, Dental Trauma Treatment (facial fractures).

**Decision rationale:** The requested 4 pulpal debridements for the #7, 8, 9, and 10 are not medically necessary or appropriate. Official Disability Guidelines state that a tooth that is lost

with irrevocably damaged pulp requires a root canal prior to the use of a crown. The clinical documentation does indicate that the patient does require a root canal of the #7, 8, 9, and 10 prior to insertion of crowns. Therefore the need for additional debridement is not indicated. As such, the requested 4 pulpal debridements for the #7, 8, 9, and 10 are not medically necessary or appropriate.

**Eight (8) intraoral periapical first images, teeth #7, 22 and 19:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics Guidelines for the Diagnosis and Treatment of Periodontal Disease

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics Guidelines for the Diagnosis and Treatment of Periodontal Disease.

**Decision rationale:** The requested 8 intraoral periapical first images of teeth #7, 22, and 19 are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously underwent radiographic evaluation of the patient's dentition. Peer reviewed literature does recommend radiographic imaging to assist in developing a patient's treatment plan; however, as the patient has recently undergone this type of imaging, there is no documentation of a significant change in the patient's presentation, the need for additional imaging is not clearly established. As such, the requested intraoral periapical first images, teeth number 7, 22, and 19 are not medically necessary or appropriate.

**Sixteen (16) intraoral periapical additional images, teeth #8, 9, 10, 19, 23, 24, 25, 26 and 27:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics Guidelines for the Diagnosis and Treatment of Periodontal Disease.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics Guidelines for the Diagnosis and Treatment of Periodontal Disease.

**Decision rationale:** The requested sixteen (16) intraoral periapical additional images, teeth #8, 9, 10, 19, 23, 24, 25, 26, 27 are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously underwent radiographic evaluation of the patient's dentition. Peer reviewed literature does recommend radiographic imaging to assist in developing a patient's treatment plan; however, as the patient has recently undergone this type of imaging, there is no documentation of a significant change in the patient's presentation, the need for additional imaging is not clearly established. As such, the requested sixteen (16) intraoral periapical additional images, teeth #8, 9, 10, 19, 23, 24, 25, 26, 27 are not medically necessary or appropriate.