

Case Number:	CM13-0058848		
Date Assigned:	06/09/2014	Date of Injury:	11/12/2000
Decision Date:	09/09/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/27/2013

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 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:

Records reviewed indicate that this is a 41 year old male patient with a date of injury on 11/12/2000. Per UR report, The provider has submitted prospective request for a consultation with a Periodontist, tooth extractions #14, #19, #20, #26, #27,#28, 1 add bone, implant, implant crown #14, #19, #20, #26, #27, #28, 1root canal and filling #18 and 1 fillings #21, #22, #23, #24, #25. The 8/19/2013. letter noted that the patient's dry mouth and high level of medication use handicap the patient. His crown and bridge work were decayed. The patient's periodontal health is within normal limits for implants. Carious lesions were reported on teeth 23, 24; 2S, 21, 22 from 6/24/20 13 radiographs with extensive decay in teeth 26, 27, 28, 20, 19, 14 and 15. The treating dentist is requesting a consultation with a Periodontist (not certified by the UR). He has also requested several tooth extractions along with implants, root canals and fillings (all certified by the UR).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CONSULTATION WITH A PERIODONTIST: 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 American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Based on ACOEM Guidelines, Chapter 7, Page 127, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise.

Decision rationale: This IMR reviewer finds this request to be medically necessary to address this patient's dental injury. This patient may benefit from additional expertise of a Periodontist to assist in the treatment plan authorized by the UR dentist.