

<b>Case Number:</b>	CM13-0063926		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/09/2001
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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:

Patient [REDACTED] sustained trauma to her upper anterior teeth as a direct result of the work assault on 5/9/01. Dental records indicate that the maxillary central incisors required new porcelain crowns following that incident. [REDACTED] experiences pain in the muscles of the face and jaw, which has been diagnosed as "post traumatic fibromyalgia" by the AME in rheumatology. The medications prescribed to this patient as a result of her injuries have caused abnormal salivary flow and volume, which places the patient at an increased risk of dental decay. A connection has been found by the Dental AME between the chronic dry mouth condition, and the eventual problems and infections with #4 and #15 The AME dental evaluator has found that the advanced wear on the mandibular incisors represent the natural progression of non-industrial, pre-existing factors.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT CROWN LENGTHENING SURGERY - 6, 7, 8, 9, 10, 11, 22, 23, 24, 25, 26 AND 27:** Overturned

**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 Procedure Summary; The Regence Group Dental Policy; and Cummings: Otolaryngology.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Olate, 2010 Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth.

**Decision rationale:** For teeth #7, #8, #9, #10, it is recommended that crown lengthening procedures be done if necessary. The AME dental evaluator has found that the advanced wear on the mandibular incisors (#22, 23, 24,25, 26,27) represent the natural progression of non-industrial, pre-existing factors. Treatment for the lower incisor teeth is not recommended on an industrial basis.

**LAB PROCESSED TEMPORARY CROWNS - 6, 7, 8, 9, 10, 11, 22, 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 Official Disability Guidelines (ODG), Head Procedure Summary; The Regence Group Dental Policy; and Cummings: Otolaryngology.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Olate, 2010 Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth.

**Decision rationale:** Per AME's report dated 1/30/12, this treatment was not recommended.

**CERAMIC CROWNS - 6, 7, 8, 9, 10, 11, 22, 23, 24, 25, 26 AND 27:** Overturned

**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 Procedure Summary; The Regence Group Dental Policy; and Cummings: Otolaryngology.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Olate, 2010 Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth.

**Decision rationale:** Based on the records reviewed, it is my opinion that dental treatment for #7, #8, #9 and #10, should be provided as needed on an industrial basis. As recommended by the Dental AME, these four teeth should be evaluated by a root canal specialist to determine need for root canal therapy. Subsequently, these four teeth should be replaced with new crowns. The AME dental evaluator has found that the advanced wear on the mandibular incisors (#22, 23, 24,25, 26,27) represent the natural progression of non-industrial, pre-existing factors. Treatment for the lower incisor teeth is not recommended on an industrial basis.

**CUSTOM ABUTMENTS - 4, 14, 15:** Overturned

**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 Procedure Summary; The Regence Group Dental Policy; and Cummings: Otolaryngology.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Olate, 2010 Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth.

**Decision rationale:** The Expert Reviewer's decision rationale: A connection has been found by the Dental AME between the chronic dry mouth condition, and the eventual problems and infections with #4 and #15. It is recommended that #4 should be replaced with a dental implant supporting an abutment and crown. It is recommended that #15 be extracted, and #14 and #15 should be replaced with dental implants supporting abutments and crowns.

**IMPLANT CROWNS 4, 14, AND 15:** Overturned

**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 Procedure Summary; The Regence Group Dental Policy; and Cummings: Otolaryngology.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Olate, 2010 Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth.

**Decision rationale:** A connection has been found by the Dental AME between the chronic dry mouth condition, and the eventual problems and infections with #4 and #15. It is recommended that #4 should be replaced with a dental implant supporting an abutment and crown. It is recommended that #15 be extracted, and #14 and #15 should be replaced with dental implants supporting abutments and crowns. [REDACTED]