

Case Number:	CM13-0067139		
Date Assigned:	04/02/2014	Date of Injury:	01/20/2006
Decision Date:	08/11/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/17/2013

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 55-year-old female patient with a 1/20/06 date of injury. 10/10/13 Dental note documented that the patient returned for full mouth x-rays, 2 D scan and comprehensive oral exam. The patient had pain, stating that the hospital lost her orthotics, when she was having neck surgery. Since then, she has had issues. There was a fracture of tooth # 2, that needed a crown, build up, then a bridge from 2-4. # 7 had a lingual fracture horizontally and requires full crown coverage to stabilize. # 10 was fractured, exposing the nerve. This will require RCT, build up and crown. # 18 had fractures MLDF, needs build up and crown. # 29 had a lingual fracture and missing cusp, required build up and crown. The patient has pain and severely fractured teeth from the accident and has been unstable since the loss of her orthotics. 11/16/10 AME described a trip and fall injury, with sustained injuries to the lip region, front upper and lower teeth, neck, low back, left hip, left knee, left wrist, and jaw region. She had fractured upper and lower anterior teeth. Future medical care recommended included oral orthopedic appliance replacement ever 3-5 years and/or when the appliance showed objective signs of excessive wear and attrition. Future care involving teeth #s 7 & 10 would require crown placement, that should be replace in approximately 10 year of if there is signs of degeneration, excessive wear or decay. There is documentation of a previous 11/12/13 adverse determination because there was no description of the condition of teeth #s 5 & 31.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENTAL TREATMENT; TOOTH #5 POST RESIN SUR: 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) Other Medical Treatment Guideline or Medical Evidence: ADA Dental Practice Parameters.

Decision rationale: CA MTUS does not address this issue. ODG states that trauma to the oral region occurs frequently and comprises 5% of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. 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. The patient sustained remote trauma to her teeth. Dental progress reports indicate injuries to multiple teeth. Notably, assessment of teeth # 31 & 5 are absent. Therefore, the request for Dental Treatment; Tooth #5 Post Resin Sur is not medically necessary.

TOOTH #31 CROWN BUILD UP, INCLUDING ANY PIN: 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) Other Medical Treatment Guideline or Medical Evidence: ADA Dental Practice Parameters.

Decision rationale: CA MTUS does not address this issue. ODG states that trauma to the oral region occurs frequently and comprises 5% of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. 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. The patient sustained remote trauma to her teeth. Dental progress reports indicate injuries to multiple teeth. Notably, assessment of teeth # 31 & 5 are absent. Therefore, the request for Tooth #31 Crown Build up, including any pin is not medically necessary.

TOOTH #31 CROWN PORCELAIN FUSED TO HIGH NO: 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) Other Medical Treatment Guideline or Medical Evidence: ADA Dental Practice Parameters.

Decision rationale: CA MTUS does not address this issue. ODG states that trauma to the oral region occurs frequently and comprises 5% of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. 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. The patient sustained remote trauma to her teeth. Dental progress reports indicate injuries to multiple teeth. Notably, assessment of teeth # 31 & 5 are absent. Therefore, the request for Tooth #31 Crown Porcelain Fused to High No is not medically necessary.