

Case Number:	CM14-0004345		
Date Assigned:	01/17/2014	Date of Injury:	02/28/2003
Decision Date:	08/11/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/10/2014

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:

This is a 63-year-old female patient with a 2/28/03 date of injury. Back in 2010, the patient presented with periodontal disease/gum inflammation. 2/27/13 progress report indicates that the patient went to her private dentist who found she had developed dental decay throughout her mouth and had fractures of her restorations and teeth. The patient is taking several medications including Tylenol with Codeine, Vicodin, Tagamet, Omeprazole, Wellbutrin, Zolpidem and Canax. The medications reportedly can result in side effects which produce changes in the saliva. A note dated 10/09/13 indicates that patient was first seen by the treating provider and it was noted she has undergone multiple shoulder surgeries secondary to a work injury in 2003. The patient reportedly complained of sporadic pain along with headaches. She also reported issues with her mood, memory and sleep patterns. The patient also indicated she always felt fatigue and musculoskeletal pain quite regularly. The patient reports grinding and clenching her teeth a lot. She also reportedly has fibromyalgia, more on the left side of her face than the right. The patient also reports that she is diabetic. It was indicated, that based on findings and examination, the patient needs extraction of tooth #19, since it was not restorable. This surgical extraction was previously certified. The patient was suggested to undergo a bridge to replace missing tooth, as an implant is not recommended for patients with diabetes. The treating provider also indicated the patient needs a crown and buildups on teeth #13, #14, #29 and #30 as a result of her medications. She had been grinding her teeth and three teeth were replaced. She was also told to wear a mouth guard at night; Two molars on the bottom left were removed and capped. One molar on the upper right was also removed and capped. The provider is requesting authorization to complete all outstanding dental care. There is documentation of a previous 12/27/13 adverse determination for replacement tooth #19 as the request was due to diabetes and not the industrial injury; grafting was not necessary as there was no authorization for implant;

lack of sufficient decay on #20 to warrant build up, and unclear status of decay of #18 to require a buildup. #13 and #14 did not appear to require treatment at the time.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPLACEMENT TOOTH MADE OF PORCELAIN FUSED TO HIGH NOBLE METAL TOOTH #19: 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 CHAPTER, DENTAL TRAUMA TREATMENT.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ADA dental practice parameters.

Decision rationale: The Journal of the American Dental Association states that, when balanced with the relative prognosis of alternative therapies (for example endodontics, post and core, and crowns) treatment modalities such as implants may provide a more predictable outcome. However, the patient was recently certified for a bridge #18-20. It was noted, though, that the patient's diabetes and previous tooth status required the procedure rather than the industrial injury. Therefore, the request for replacement tooth made of porcelain fused to high noble metal for tooth #19 is not medically necessary.

GRAFTS TO STIMULATE GUM TISSUE REGENERATION TO TOOTH #19: 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 CHAPTER, DENTAL TRAUMA TREATMENT.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ADA dental practice parameters.

Decision rationale: The Journal of the American Dental Association states that, when balanced with the relative prognosis of alternative therapies (for example endodontics, post and core, and crowns) treatment modalities such as implants may provide a more predictable outcome. However, the patient was recently certified for a bridge #18-20. It was noted, though, that the patient's diabetes and previous tooth status required the procedure rather than the industrial injury. An associated request for a dental implant was deemed not medically necessary. Therefore, the request for use of grafts to stimulate gum tissue regeneration to tooth #19 is not medically necessary.

BUILD UPS ON TOOTH #'S 18 AND 20: 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 CHAPTER, DENTAL TRAUMA TREATMENT.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ADA dental practice parameters.

Decision rationale: The Journal of the American Dental Association states that, when balanced with the relative prognosis of alternative therapies (for example endodontics, post and core, and crowns) treatment modalities such as implants may provide a more predictable outcome. However, the patient was recently certified for a bridge #18-20. It was noted, though, that the patient's diabetes and previous tooth status required the procedure rather than the industrial injury. However, #20 does not appear decayed to the point that it would warrant build-up. In addition, the degree of decay of #18 was not adequately assessed. Therefore, the request for build ups on tooth #'s 18 and 20 is not medically necessary.

CROWNS AND BUILD UPS ON TOOTH#'S 13,14,29 AND 30: 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 CHAPTER, DENTAL TRAUMA TREATMENT.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ADA dental practice parameters.

Decision rationale: The Journal of the American Dental Association states that, when balanced with the relative prognosis of alternative therapies (for example endodontics, post and core, and crowns) treatment modalities such as implants may provide a more predictable outcome. However, the request for a #30 crown was recently authorized. There is no documentation that #13 and #14 would require any treatment based on records made available. Therefore, the request for Crown and build ups on tooth #'s 13, 14 and 30 is not medically necessary.