

Case Number:	CM14-0105035		
Date Assigned:	07/30/2014	Date of Injury:	07/04/2012
Decision Date:	11/13/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/08/2014

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 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:

According to the medical records, the patient is a 28 year old male who sustained an industrial injury on July 4, 2012. He is status post open reduction and internal fixation (ORIF) to the left mandible on August 17, 2012. The lower front tooth #26 was fractured to the gum-line in his injury and subsequently extracted. The jaw and psych are accepted on this claim. He has been in orthodontic treatment for 11 months as of 4/1/14 to close a gap in his lower teeth. He also completed the [REDACTED] Functional Restoration Program. This program was for 80 hours from February 3, 2014 to February 14, 2014, which included both physical and psychological components. An April 1, 2014 letter by the dentist indicates that upon initial exam the patient had a gap in his lower teeth due to an incident at work. They had recommended lower orthodontic treatment to close the gap. He has been in treatment for 11 months and they are close to finishing. However, recently they started to notice that his bite is off. In order to correct this bite, they will need to place upper braces on his teeth for approximately 12 months. Therefore, they advised the patient to start upper orthodontic treatment immediately. The imaging of the patient's teeth submitted for this review is of poor quality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthodontics of the maxillary arch: 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 Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head(updated 06/04/13)

Decision rationale: ODG states:"Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprises 5 percent 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. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. 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. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. Rather than resting on the gum line like removable dentures, or using adjacent teeth as anchors like fixed bridges, dental implants are long-term replacements. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. The placement of dental implants can have deleterious effects on the growing alveolar process, and it is necessary to delay implant reconstruction until the cessation of skeletal or alveolar growth. In situations where replacement of the tooth is accomplished by dental implants, the dental crown is also included."Due to the dental finding of the requesting dentist and the medical article referenced above, this request for Orthodontics of the maxillary arch is medically necessary to correct this patient's edge to edge bite.