

Case Number:	CM14-0011541		
Date Assigned:	02/21/2014	Date of Injury:	02/22/2002
Decision Date:	07/23/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/29/2014

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:

On 02/22/2002 this patient was rear ended by a large shuttle bus and sustained a severe whiplash injury. This occurred at about 5:00 PM when she was returning from a work related seminar. She has no knowledge as to whether she hit her head and does recall she had her shoulder restraints in position. She feels she was in shock at that time and recalls little of the incident. For treatment of her neck, a cervical collar was worn for many months, however, did not offer sufficient support to the neck. Finally the clinical collar was replaced by a SOMI Brace which was worn for 18 months. This resulted in a severe malocclusion. Per AME report of [REDACTED] dated 09/21/2013, Causation is "Industrial related motor vehicle accident of February 22, 2002 followed by the use of a SOMI Brace which resulted in a sever malocclusion." [REDACTED] also believes that many of this patient's subjective symptoms and complaints are related to her Post Traumatic Stress Disorder as referred to in [REDACTED] report of 07/08/2002. [REDACTED] diagnosed this patient with: 1. Malocclusion. 2. Myofascial pain dysfunction syndrome. 3. Post-Traumatic Stress Disorder. 4. Limited mouth opening. [REDACTED] AME also recommends future dental needs to include "All fillings, periodontal work and future splints should be on an industrial basis" on page 7 of his report dated 09/21/2013. [REDACTED], this patient's Periodontist, on 12/04/2013 states that "[REDACTED] has indicated that there are areas needing to be restored. One tooth #30 is apparently close to the pulp. If left untreated it will lead to more expensive therapy" [REDACTED] is now requesting "restorative work to tooth #30" [REDACTED] report is not provided to this IMR reviewer. CID utilization reviewer has determined that "additional information was reasonably necessary in order to render a decision. CID faxed the provider on 12/26/2013 to request the following information: Please indicated the specific dental services being requested as "restorative work" for tooth #30. Please also provide the specific clinical findings that are supportive of the requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental restorative work to tooth #30: 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) ODG Head(updated 06/04/13) Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprise 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.

Decision rationale: The dental provider [REDACTED] has not provided sufficient clinical dental examination data, such as diagnosis and reasoning for treatment plan, for tooth #30. Also, when requesting for "restorative work", [REDACTED] did not specify the restorative work that he is referring to, such as Crown or filling or onlay. Therefore, it is found that "restorative work" is not medically necessary at this time.