

Case Number:	CM14-0136007		
Date Assigned:	09/03/2014	Date of Injury:	08/27/2009
Decision Date:	10/14/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/22/2014

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 a Board Certified Dentist and is licensed to practice in Texas. 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:

The injured worker is a 66 year old female who sustained an injury on 08/27/09 when she slipped and fell striking her face and shoulder on the corner of a door. There is a supplemental report for dental treatment dated 06/17/14 which indicated that the injured worker had received treatment to include the placement of maxillary and mandibular oral-orthopedic decompression appliances with bi-monthly occlusal plane adjustments and supportive care. The injured worker was felt to have reached a permanent and stationary status as of 01/21/13. The injured worker was stated to likely benefit from further treatment due to ongoing bruxism to include full mouth osseous surgery and orthodontic treatment. There are no other clinical reports provided. The proposed osseus procedures were denied by utilization review on 07/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Full Mouth Osseous Surgery X 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head (6/9/14) - Dental Trauma treatment (facial fractures)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Dental Trauma

Decision rationale: The requested procedures would not be supported as medically necessary based on the provided clinical information. This was limited to an updated Agreed Medical Exam recommendation for further treatment. The report did not specify what specific functional impairments would be gained with this treatment. Furthermore, there were no actual patient assessments or any imaging that would support this extent of treatment. As such, this reviewer would not recommend the proposed services as medically necessary.