

Case Number:	CM14-0158950		
Date Assigned:	10/02/2014	Date of Injury:	11/21/2009
Decision Date:	11/26/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/29/2014

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 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:

Records reviewed indicate that this is a 63 year old female patient with a date of injury of 11/21/2009 when she sustained a fall at work, while leaning over a stairway, while pruning a tree limb. She had lost her balance; fell down the stairs hitting her face, jaw, and dentition. She immediately noticed pieces of teeth and porcelain in her mouth while she was returning to her office. AME report of [REDACTED] DDS dated 11/19/12 under future treatment states:- Oral examinations every 3-4 months,- Treatment medications consistent with CAMBRA for dry mouth...- Upper anterior teeth need re-evaluation by an endodontist.-Patient needs to be re-evaluated for the cosmetic considerations of her bridgework. UR report dated 09/05/14 states": based on the lack of guideline support and findings for 'medical necessity, the prospective 'request for 1 maxillary, and mandibular surgical guides are not medically necessary. A bone graft is designed to allow for the placement of dental implants in previously unsuitable sites. The 4/7/2014 report noted missing teeth at spaces 18, 19, 20, 30 and 31. Since the patient has severe bone loss from missing teeth and dental treatment was to include crowns and implants, the requested graft is appropriate; therefore, the prospective request for 1-block graft teeth #18, 19, 20, 30, and 31 is medically necessary. The submitted reporting noted that the patient is being treated for complex restorative needs, due to severity of bone loss, depth of decay and malocclusion, rather than a specific injury/trauma, as detailed by the above referenced guidelines. Therefore, based on the lack of aforementioned guideline support, along with the lack of specific findings for medical necessity, the prospective request for 1 crown for teeth #3, #4, #11, #14, #21, #22, #23, #24, #25, #26, #27, #28 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Diagnostic Wax-Up Full Upper and Lower Arch: Overturned

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) Head, Dental Trauma Treatment (Facial Fractures) The International Association of Dental Traumatology (IADT)

Decision rationale: [REDACTED] has reported on 4/7/14 that the patient has "extensive wear on mandibular anterior teeth due to bruxism caused by hardness of opposing maxillary crowns" and that "there is collapse of the vertical dimension of occlusion (VDO) and she is over closing approximately 5 mm". Therefore, restorations on the mandibular teeth will allow opening of the VDO and protection of the severely worn teeth. "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." ODG Head "One of the most important factors in restorative success is the preparation of a case prior to treatment. Case planning, constructing the wax-up and provisional restorations, and understanding the potential problems with a case prior to beginning can only ensure a higher degree of success than would be achieved by not employing these basic restorative steps..... the wax-up can be of immense value to any restorative dentist for cases of all kinds, ranging from a single tooth to full-mouth reconstruction." (Small, 2005). Therefore diagnostic wax-up full upper and lower arch is medically necessary.

1 Maxillary and Mandibular Surgical Guides: Overturned

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) Head (updated 06/04/13) Dental Trauma Treatment (Facial Fractures) The International Association of Dental Traumatology (IADT).

Decision rationale: In report dated 09/05/14, UR dentist states that Associated Surgical Service: implants are authorized. Therefore, a surgical guide is necessary for the proper placement of these implants.

Associated Surgical Service:1 Crown for Teeth #3, #4, #11, #14, #21, #22, #23, #24, #25, #26, #27, #28: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Dental Trauma Treatment (Facial Fractures)

Decision rationale: [REDACTED] has reported on 4/7/14 that the patient has "extensive wear on mandibular anterior teeth due to bruxism caused by hardness of opposing maxillary crowns" and that "there is collapse of the vertical dimension of occlusion (VDO) and she is over closing approximately 5 mm". Therefore, restorations on the mandibular teeth will allow opening of the VDO and protection of the severely worn teeth. Associated Surgical Service: "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." ODG Head.