

<b>Case Number:</b>	CM14-0160934		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	08/26/2009
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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:

Records reviewed indicated that this patient was involved in a industrial accident on 08/26/2009, when he stumbled on a lifted concrete floor, falling to the ground and injuring his lower back, left knee, and right arm, which has resulted in a habit of teeth grinding/jaw clenching (bruxism) as a response to the chronic orthopedic pain and patient also displays dry mouth/xerostomia from the side effect of industrial medications that have been prescribed for them. The UR report dated 08/28/14 states: "The records do not have enough information to make judgment as to whether the replacement should be an implant, bridge, or removable partial denture, so that portion of the evaluation has to have CA MTUS/ACOEM chapter 2 insufficient documentation" .

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Teeth Restoration and/or Root Canals, and/or Crowns, and/or Surgical Extractions on top of the Implants to be determined by a restorative dentist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

**Decision rationale:** This is a very vague dental treatment request for "Teeth Restoration and/or root canals, and/or crowns, and/or surgical extractions". The records reviewed are insufficient to support this vague dental treatment request. Recommendation with a specific treatment plan to be proposed for review instead, along with objective dental exam findings. Therefore, the request is not medically necessary.