

Case Number:	CM14-0165896		
Date Assigned:	10/13/2014	Date of Injury:	05/14/2013
Decision Date:	11/26/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/08/2014

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:

Records reviewed indicate that this is a 60 year old male patient with date of injury on 05/14/13 he was standing on a net when his co-worker pulled the net, causing him to fall to the ground, striking the back of his head and his back, on the ground. UR report dated 09/16/14 states: "I have reviewed the clinical information submitted for [REDACTED]. The proposed treatment is for root canal treatment, extractions, bone grafting and implant placement and restoration. There are no specifics as to which teeth need specific treatment and there were no dental radiographs submitted to review. The proposed treatment plan seems reasonable, but without additional clinical information the Treatment cannot be certified at this time. "

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery to Remove Erupted Tooth Rqr Elev Flp and Remove Bone: Upheld

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: Dental Trauma Treatment (Facial Fractures)

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 (ODG Head(updated 06/04/13))

Decision rationale: This is a vague request for "Surgery to Remove Erupted Tooth". There are no specifics as to which tooth need this surgery and why. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. This IMR reviewer recommends non-certification at this time.