

Case Number:	CM14-0173928		
Date Assigned:	11/04/2014	Date of Injury:	07/18/2000
Decision Date:	12/10/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/22/2014

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 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 57 year-old male patient with date of injury on 07/18/2000. X-rays taken as well exam of patient's mouth revealed abscessed teeth #14 and 20, fracture of teeth #4, 5, and 30 and a fracture of tooth #11, which with reasonable medical probability is on an industrial basis. It is with reasonable medical probability that the patient developed abscessed and fractured teeth due to patients objectively verified Bruxism RFA form dated 09/05/14 by [REDACTED] DMD States: Diagnosis: Abscessed Teeth # 14 and 20 due to Bruxism. Procedure Requested: Treat Teeth as Needed as Per the Generally Accepted Standards of Dental Practice, Abscessed teeth require restoration, and/or root canals, and/or crowns, and/or surgical extractions; (Frequency, Duration and/or implants with restorations on top of the implants to be determined by a Restorative Dentist, Quantity Facility etc.) (per the Standard of Care in Dentistry). 2nd RFA form dated 09/05/14 by [REDACTED] DMD States: Diagnosis: Fractured Teeth #4, 5, and 30 Due to Bruxism. Procedure Requested: Treat Teeth as Needed as Per the Generally Accepted Standards of Dental Practice Fractured Traumatized teeth require restoration, and/or root canals, and/or crowns, and/or surgical extractions; and/or implants with restorations on top of the implants to be determined by a Restorative Dentist (Per the [REDACTED]). UR report dated 09/24/14 states: "Note is made that the treatment requests listed on the RFA for this UR decision differ from the treatment requests identified in the supplemental documentation provided by the physician. Abscesses and fractures of teeth #14, 20 and 11 are noted; however, no definitive treatment plan is submitted. The request to "treat teeth as per the generally accepted standards of dental practice" is vague and unquantifiable. Similarly, the request for generic restorations such as crowns, root canals, extractions and implants is also vague. The request for an obstructive airway oral appliance is also not recommended for certification at this time, as multiple

restorative procedures are anticipated, if fabricated now, the appliance would no longer fit. Submission of this request should be reconsidered after the dental work is done."

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoration and/or Root Canals: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines

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

Decision rationale: Abscesses and fractures of teeth #14, 20 and 11 are noted however; no definitive treatment plan is submitted. The request to "treat teeth as per the generally accepted standards of dental practice" is vague. [REDACTED] statements of: "Abscessed teeth require restoration, and/or root canals, and/or crowns, and/or surgical extractions; fractured traumatized teeth require restoration, and/or root canals, and/or crowns, and/or surgical extractions; and/or implants with restorations on top of the implants" is not the standard of dental practice. Absent further detailed documentation and clear rationale with a specific dental treatment, the medical necessity for this request is not evident. Therefore, this request is not medically necessary at this time.

Restoration and/or Crowns: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines

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

Decision rationale: Abscesses and fractures of teeth #14, 20 and 11 are noted however; no definitive treatment plan is submitted. The request to "treat teeth as per the generally accepted standards of dental practice" is vague. [REDACTED] statements of: "Abscessed teeth require restoration, and/or root canals, and/or crowns, and/or surgical extractions; Fractured Traumatized teeth require restoration, and/or root canals, and/or crowns, and/or surgical extractions; and/or implants with restorations on top of the implants" is not the standard of dental practice. Absent further detailed documentation and clear rationale with a specific dental treatment, the medical necessity for this vague request is not evident. Therefore, this request is not medically necessary at this time.

Restoration and/or Surgical Extractions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines

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

Decision rationale: Abscesses and fractures of teeth #14, 20 and 11 are noted however; no definitive treatment plan is submitted. The request to "treat teeth as per the generally accepted standards of dental practice" is vague. [REDACTED] statements of: "Abscessed teeth require restoration, and/or root canals, and/or crowns, and/or surgical extractions; Fractured Traumatized teeth require restoration, and/or root canals, and/or crowns, and/or surgical extractions; and/or implants with restorations on top of the implants" is not the standard of dental practice. Absent further detailed documentation and clear rationale with a specific dental treatment, the medical necessity for this request is not evident. Therefore, this request is not medically necessary at this time.

Implants with Restoration: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines

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

Decision rationale: Abscesses and fractures of teeth #14, 20 and 11 are noted however; no definitive treatment plan is submitted. The request to "treat teeth as per the generally accepted standards of dental practice" is vague. [REDACTED] statements of: "Abscessed teeth require restoration, and/or root canals, and/or crowns, and/or surgical extractions; Fractured Traumatized teeth require restoration, and/or root canals, and/or crowns, and/or surgical extractions; and/or implants with restorations on top of the implants" is not the standard of dental practice. Absent further detailed documentation and clear rationale with a specific dental treatment, the medical necessity for this request is not evident. Therefore, this request is not medically necessary, at this time.

Retrospective Diagnostic Autonomic Nervous System Testing: Upheld

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 Current Treatment Options Neurol. 2014 Aug;16(8):305. Doi: 10.1007/s11940-014-0305-6 Advances in the Treatment of Obstructive Sleep Apnea. Young D1, Collop N. PMID: 24957654.

Decision rationale: This IMR agrees with UR decision. The request for an obstructive airway oral appliance is not recommended for certification at this time, as multiple restorative procedures are anticipated, if fabricated now, the appliance would no longer fit. Submission of this request should be reconsidered after the dental work is done, if and when recommended by a

doctor who is board certified in sleep medicine. There is also no mention of failed conservative methods like positional therapy and weight loss. At this time, this request is not medically necessary.

Obstructive Airway Oral Appliance: Upheld

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 Current Treatment Options Neurol. 2014 Aug;16(8):305. Doi: 10.1007/s11940-014-0305-6. Advances in the treatment of obstructive sleep apnea. Young D1, Collop N. PMID: 24957654.

Decision rationale: This IMR agrees with UR decision. There is also no mention of failed conservative methods like positional therapy and weight loss. The request for an obstructive airway oral appliance is not medically necessary at this time, as multiple restorative procedures are anticipated, if fabricated now; the appliance would no longer fit. Therefore, this request is not medically necessary, at this time.