

Case Number:	CM14-0175057		
Date Assigned:	10/28/2014	Date of Injury:	11/27/1996
Decision Date:	12/04/2014	UR Denial Date:	10/14/2014
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 62 year old male with date of injury on 11/27/1996. Patient was attempting to dislodge a dolly from a groove between a truck and the floor when he felt a pain in the lower back. [REDACTED] is requesting "1 Sinus Lift or Augmentation with Bone Graft to Prepare for Implants for Teeth # 3, 4, 5, 28, 29, 30 and Immediate Abutment or Healing Cap are needed for Healing Period." There are no dental reports from requesting dentist [REDACTED] available for review in all of the records provided. There is only a single page dental claim/bill for periodontal maintenance \$180.00, dated 11/14/14. UR states "the clinical information submitted for review fails to meet the evidence-based guidelines for the requested service."

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Sinus Lift or Augmentation with Bone Graft to Prepare for Implants for Teeth # 3, 4, 5, 28, 29, 30 and Immediate Abutment or Healing Cap are needed for Healing Period: 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 rationale: In this case, there is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the Sinus Lift or Augmentation with Bone Graft to Prepare for Implants. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. The request is not medically necessary.