

Case Number:	CM14-0177623		
Date Assigned:	10/31/2014	Date of Injury:	11/21/2009
Decision Date:	12/08/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/27/2014

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:

The records provided indicate that this is a 63 year old female with date of injury on 11/21/09. She was at work while cutting trees and she was injured about her jaw and mouth. The equipment hit her in the mouth injuring tooth #10 upper left anterior region and the part broke off and she was hit by cutting sheers. Also this jerked her jaw; she fell on 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. Crowns teeth 3, 4, 11, 14, 21, 22, 23, 24, 25, 26, 27, 28 was denied on 09/04/2014 and declared medically necessary by IMR CM14-0158950. Maxillary and Mandibular surgical guides was denied on 09/04/2014 and declared medically necessary by IMR CM14-0158950. Preparation and long term temporization of 3, 4, 6, 8, 9, 10, 11, and 14 was denied on 09/04/2014. Per UR report 09/29/14, "the treatment of dental crowing was not-certified for teeth 3, 4, 6, 8, 9, 10, 11, 14 in review 1097093. Since the treatment for crowing was non-certified, dental preparation for treatment is not indicated." UR report 9/5/14 states: "The reviewer determined that additional information was reasonably necessary in order to render a decision."

IMR ISSUES, DECISIONS AND RATIONALES

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

Preparation and long term temporization of teeth #3, 4, 6, 8, 9, 10, 11, 14: 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)

Decision rationale: The Official Disability Guidelines states regarding Dental trauma treatment (facial fractures): "Recommended. Trauma to the oral region occurs frequently and comprise 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. 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. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. Rather than resting on the gum line like removable dentures, or using adjacent teeth as anchors like fixed bridges, dental implants are long-term replacements. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. The placement of dental implants can have deleterious effects on the growing alveolar process, and it is necessary to delay implant reconstruction until the cessation of skeletal or alveolar growth. In situations where replacement of the tooth is accomplished by dental implants, the dental crown is also included."Preparation and long term temporization of teeth #3, 4, 6, 8, 9, 10, 11, 14 is medically necessary, since in a previous IMR review of this patient's proposed treatment plan, crowns for these teeth had been found to be medically necessary. And since crowns are medically necessary, then preparation and temporization is medically necessary for these teeth.