

Case Number:	CM14-0024870		
Date Assigned:	06/13/2014	Date of Injury:	10/05/2009
Decision Date:	10/13/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/27/2014

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 Board Certified in Otolaryngology and is licensed to practice in Texas. 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 injured worker is a 63 year old male who reported an injury to his oral region. The utilization review dated 02/11/14 resulted in a partial certification for periodontal scaling and root planing. However, the remaining requested treatments were not provided with certification as no definitive treatment plan was established. Prior to a treatment plan being established, the injured worker would need to respond to the scaling and the injured worker's response would need to be documented. The clinical note dated 07/02/13 indicates the injured worker complaining of increasing stress secondary to work place harassment. The injured worker was recommended for dental care every 3 months at that time. The clinical note dated 10/16/13 indicates the initial injury occurred on 01/01/01 when he was involved in an industrial type injury. The injured worker reported continually clenching his teeth and bracing his facial musculature resulting in facial and jaw pain. The injured worker also reported grinding his teeth. There is an indication the injured worker has been diagnosed with capsulitis at the left temporal mandibular joint. Tenderness was identified upon palpation at the lateral pole of the condyles. Edema and inflammation were also identified there.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERMIN PARTIAL DENTURE MAXILL: Upheld

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 Chapter, Dental trauma treatment (facial fractures)

Decision rationale: There is an indication the injured worker is showing signs of bruxism. However, no information was submitted regarding the injured worker's functional deficits associated with the ongoing complaints. No x-ray studies have been submitted confirming the injured worker's significant clinical findings. Without this information in place, it is unclear if the injured worker would benefit from a partial denture.

PERIO MAINT PROCED: Upheld

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 Chapter, Dental trauma treatment (facial fractures)

Decision rationale: There is an indication the injured worker has previously been approved for initial care. However, no information was submitted regarding the injured worker's response to the treatment. Additional treatments would be indicated provided the injured worker demonstrated a positive response to the initial treatment. Given that no information was submitted regarding the injured worker's response to the initial care, this request is not indicated as medically necessary.

TOPICAL APPLICATION OF FLOURIDE EVERY 2 MONTHS: Upheld

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 Chapter, Dental trauma treatment (facial fractures)

Decision rationale: There is an indication the injured worker has previously been approved for initial care. However, no information was submitted regarding the injured worker's response to the treatment. Additional treatments would be indicated provided the injured worker demonstrated a positive response to the initial treatment. Given that no information was submitted regarding the injured worker's response to the initial care, this request is not indicated as medically necessary.

OCCLUSAL GUARD BY REPORT, 1 X YEAR: Upheld

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 Chapter, Dental trauma treatment (facial fractures)

Decision rationale: There is an indication the injured worker has previously been approved for initial care. However, no information was submitted regarding the injured worker's response to the treatment. Additional treatments would be indicated provided the injured worker demonstrated a positive response to the initial treatment. Given that no information was submitted regarding the injured worker's response to the initial care, this request is not indicated as medically necessary.