MAXIMUS Federal Services

Case Number:	CM14-0035469		
Date Assigned:	06/23/2014	Date of Injury:	07/15/2006
Decision Date:	07/31/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/21/2014

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 patient suffered a work related injury which required the use of multiple pain medications. Subsequent to the utilization of medications, the patient was diagnosed as having drug associated xerostomia. The current request is for extensive dental repair. There is no specific treatment for decision. Within the documentation exist non-diagnostic radiographs, periodontal indices, a dental treatment plan listing multiple different procedures, medical lab values, medical notes unrelated to dental treatment, appeal letters, as well as previous denials of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extensive Dental Repair: 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 There are no guidelines that warrant general treatment, any specific therapy in question must be designated in order to be evaluated.

Decision rationale: Extensive dental repair is non specific and does not qualify as any type of therapy. There is not enough information provided to evaluate the medical necessity as there is

no specific request. There is a treatment plan provided by [redacted] yet there is no designation as to which therapy is under review to be deemed as necessary or not.