

<b>Case Number:</b>	CM14-0037493		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 a licensed dentist 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 claimant is a 53-year-old male who was involved in an industrial injury on 09/26/13. He worked as a security guard and 90-foot chain link fence fell directly on top of his body and he fell down to the ground losing consciousness. The patient struck his head against the ground during the accident. He was then taken to [REDACTED] by ambulance. The patient has damaged his teeth due to facial trauma. His Dentist [REDACTED] wants to make a bridge from tooth #6 to tooth #11 because teeth #7 and #10 are not reliable roots ratio for a bridge. The Patient now is very sensitive on tooth #7 but he has a root canal, and [REDACTED] wants to fix this by doing an apicoectomy with canal reto-filling. The UR Dentist [REDACTED] has authorized the retrograde filling to tooth #7 but has not certified the apicoectomy due to lack of documentation of a rationale identifying why both an apicoectomy and a retrograde filling are needed for this patient. The UR dentist states that "Dental practice standard of care dictates that while an apicoectomy usually is not performed along with a retrograde filling."

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Retrograde Apicoectomy Front Tooth #7: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence Based Guidelines/ Dental Practice Standard of Care.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Int Endod J. 2009 Feb;42(2):105-14. doi: 10.1111/j.1365-2591.2008.01474.x Randomized clinical trial of root-end resection followed by root-end filling with mineral trioxide aggregate or smoothing of the orthograde gutta-percha root filling--1-year follow-up. Christiansen R1, Kirkevang LL, Hårsted-Bindslev P, Wenzel A.

**Decision rationale:** Per reference cited above, "The results from this RCT emphasize the importance of placing a root-end filling after root-end resection. Teeth treated with MTA had significantly better healing (96%) than teeth treated by smoothing of the orthograde GP root filling only (52%)." Therefore, retrograde Apicoectomy and subsequent Retrograde filling are Medically Necessary.