

Case Number:	CM14-0049034		
Date Assigned:	07/21/2014	Date of Injury:	01/19/2007
Decision Date:	12/15/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/26/2014

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 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 reviewed indicate that this is a 64-year-old male who sustained an industrial injury on January 19, 2007. Requesting dentist letter dated 02/24/14 states: "We have been requesting a Night guard since May 2010. Above patient completed existing dental work including Dental Implants. These Implants require a Night guard to protect them at night, as this patient clenches his teeth as a result of pain suffered from his injury. Since we have not been able to get this procedure, the Night guard approved, this patient has since caused more damage to tooth#11 which now needs a Porcelain Crown." UR report dated 03/04/14 states: "A Dental Claim Form dated May 26, 2010 signed by [REDACTED] billed for a porcelain crown tooth #11 and a night guard. It was noted the patient needed a night guard to protect all the crowns that were placed into his accident. A letter dated February 24, 2014 by [REDACTED] requested approval to perform treatment as the result of an accident suffered on January 19, 2007. They have been requesting a night guard since May 2010. The patient completed existing dental work including dental implants. The implants require a night guard to protect at night as the patient clenches his teeth. Since they have not been able to get a night guard approved, the patient caused more damage to tooth #11 which now required a porcelain crown. The original crown was done in 2002. The medical records do not establish supportive imaging documenting pathology present to indicate the need for the requested dental treatment. As such the medical necessity of this request was not established. Therefore, my recommendation is to Non-Certify".

IMR ISSUES, DECISIONS AND RATIONALES

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

Porcelain Crown #11: 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) and on the Bruxism Management (Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA. Appliance Therapy)

Decision rationale: Due to the damage caused to tooth #11 by night time clenching from industrial related pain, the request for a Porcelain Crown #11 is medically necessary.