

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0053748 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 05/03/2005 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 04/15/2014 |
| Priority: | Standard | Application Received: | 04/22/2014 |

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:

Records reviewed indicate that this is a 59-year-old male patient with the date of injury on 5/3/05. Patient most recently on 2/18/14 presented with chewing pain on the left side. Physical examination revealed percussion pain on teeth #14 and 19 and were no responsive to cold testing. Current diagnoses include bruxism and xerostomia secondary to medications and myofascial pain due to bruxism an industrial assault to the right side of this patient's face. Treatment requested by treating dentist [REDACTED] is a consultation with an Endodontist which has been authorized, vitality testing on #14& 19 , Root Canal #14 And 19, Core Buildup #14 And 19, crown on # 14 and 19, continued periodontal maintenance every two months with fluoride therapy and annual radiographs. Ur Dentist has denied the requests stating will be deferred to the endodontist consultation. Also stating there is no documentation of a condition/diagnosis with supportive subjective/objective findings for which the requested radiographs/periodontal maintenance is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitality Testing on #14 & 19: 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 Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: Based on the treating dentist's exam findings of pain on teeth #14 and 19 and not responsive to cold testing, and the medical reference mentioned above, the pulp vitality test is not medically necessary. The cold/thermal testing has been proven to be the most accurate methods for diagnostic testing.

Root Canal #14 and 19: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Dental Trauma, International Association of Dental Traumatology (Head Chapter).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Head(updated 06/04/13).

Decision rationale: Pulp sensitivity test on these teeth have shown that tooth is not responsive to cold, and patient has percussion pain on these teeth, which are indications of pulp damage. Per reference cited above, Root Canal #14 and 19 is medically necessary.

Core Build up #14 and 19: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Dental Trauma, International Association of Dental Traumatology (Head Chapter).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Dental trauma treatment (facial fractures).

Decision rationale: Since root canal treatments have been found to be medically necessary, then core build up before a crown is medically necessary to support a crown. Therefore, this request is medically necessary.

Crown #14 and 19: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Dental Trauma, International Association of Dental Traumatology (Head Chapter).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Dental trauma treatment (facial fractures).

Decision rationale: Since root canal treatments have been found to be medically necessary, then Crowns for these teeth are also medically necessary.

Continued Periodontal Maintenance every 2 months with Fluoride Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Evaluation & Management (Head Chapter).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references].

Decision rationale: In [REDACTED] report dated 02/18/14, there is no documentation of claimant's current periodontium, including oral examination/periodontal evaluation, measurements of probing depths to support this request of continued periodontal maintenance every 2 months. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Therefore, this request is not medically necessary.

Annual Radiograph: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ADA http://www.ada.org/sections/professional/Resources/pdfs/Dental_Radiographic_Examinations_2012.pdf.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: Based on the medical reference above, this request of radiograph to be medically necessary for better diagnosis and treatment planning. Therefore, this request is medically necessary.