

Case Number:	CM14-0062585		
Date Assigned:	07/11/2014	Date of Injury:	08/25/2000
Decision Date:	08/08/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/05/2014

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 reviewed documents reveal that this is a 50 year old female patient with an industrial date of injury on 08/25/2000 which has resulted in a chronic habit of teeth grinding/jaw clenching (bruxism) as a response to the chronic orthopedic pain and psychological difficulties. This patient also displays dry mouth/xerostomia from the side effect of industrial medications that have been prescribed for them. According to a progress report by [REDACTED] dated 02/14/2014, the patient's dental dysfunction resulted from prolonged ingestion of medications that are known to cause xerostomia. Furthermore, many of her dental anatomy have deteriorated due to bruxism as a result of her poor sleep pattern. Restoring functional harmony in an environment of optimally healthy teeth, joints, periodontium and musculature will require total reconstruction of her dentition. A UR Dentist has not certified the request for total reconstruction due to the fact that the medical records did not establish the clinical rationale and the findings to support the requested full mouth reconstruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Full mouth reconstruction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin.

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: Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA "Indications Teeth are important for aesthetic purposes and for maintaining masticatory function. Accordingly, all efforts to avoid tooth extraction must be exhausted before the decision is made to proceed with removal of a tooth. Nevertheless, there are circumstances in which it is clear that a tooth must be extracted, such as the following: -A tooth that cannot be restored, because of severe caries -A mobile tooth with severe periodontal disease, pulp necrosis, or periapical abscess, for which root canal treatment is required that the patient cannot afford (or for which endodontic treatment failed) -Overcrowding of teeth in the dental arch, resulting in orthodontic deformity".

Decision rationale: According to a progress report by [REDACTED] report dated 02/14/2014, this patient has been diagnosed with bruxism and xerostomia. There is also a tooth by tooth list of findings, which includes teeth with caries/decay, fractured teeth, fractured restorations, missing teeth. There are no indications of findings and diagnosis or a comprehensive treatment plan for this patient's teeth. When [REDACTED] asks for full mouth reconstruction, she has not made it clear as to what her plans are for each individual tooth. She has not supplied any findings that support the requested full mouth reconstruction. Therefore, full mouth reconstruction is not medically necessary at this time.