

Case Number:	CM14-0065150		
Date Assigned:	07/11/2014	Date of Injury:	07/19/2010
Decision Date:	08/08/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/08/2014

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:

Claimant is a 32-year-male, who was injured on 7/19/10 when he fell from the scaffolding. Patient was seen by [REDACTED] and went on to have a series of diagnostic testing performed and ultimately underwent a number of operations. [REDACTED] on March 13, 2014 is requesting dental oral surgeon consult for Bruxism due to chronic pain with evolving temporomandibular joint arthritis. He indicates patient is here for follow-up of a temporomandibular joint problem grinding and keeping him at night and contributing to his opiate use and some impaired mentation. He also has dry mouth and some sensitivity. Patient was seen by [REDACTED] on March 27, 2014, and a single proposed treatment plan page has been included which lists the charges for different dental procedures required. The plan of care includes numerous restorative procedures on teeth throughout the mouth. No records or diagnostics data showing evidence of these claimed dental needs has been provided. There are no other dental exam records/findings from [REDACTED]. On May 15, 2014 [REDACTED] MD appeals the denied dental work. He points out again that Bruxism is due to chronic pain is related to this patient's fall with multiple orthopedic injuries, head injury and stemming from that is the chronic pain that is causing or contributing to the temporomandibular joint arthritis and need for dental work.

IMR ISSUES, DECISIONS AND RATIONALES

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

**DENTAL DIAG CASTS, SEDATION, OCCLUSIONANALYSIS, RESIN COMPOSITES-
3 SUFACESTEET #4 AND #13. LABIAL VENEER(TEETH #5, 6, 7, 8, 9, 10, 11, 12)
RESIN BASED COMPOSITE ONE SURFACE TOOTH #23 CROWN: 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: Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references].

Decision rationale: In this case, there is no documentation of claimant's dental clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. As stated earlier, patient was seen by [REDACTED] on March 27, 2014, and a single proposed treatment plan page has been included which only lists the charges for different dental procedures required. The plan of care includes numerous restorative procedures on teeth throughout the mouth. No records or diagnostics data showing evidence of these claimed dental needs has been provided. There are no other dental exam records/findings from Sutton dental group. The requested treatment is not medically necessary and appropriate.