

Case Number:	CM14-0067080		
Date Assigned:	07/11/2014	Date of Injury:	10/01/2001
Decision Date:	08/11/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/12/2014

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 records reviewed indicate that this is 69-year-old patient who was injured on 5/01/14. The treating physician is requesting root canal tooth #3 post and core and new crown, and new PFM crown tooth #4. He has indicated that industrially induced xerostomia caused recurrent decay on #3 and #4 and the patient was in a lot of pain and needed a root canal. He further indicates that patient complained of pain in the upper right quadrant after these treatments were completed. Upon further examination decay was seen on numbers 4 and 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Root canal tooth #3 post and core and new crown: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter, Dental trauma treatment (facial fracture).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Official Disability Guidelines (ODG), Head chapter: Dental Trauma Treatment (Facial Fracture).

Decision rationale: This IMR reviewer, due to the findings of recurrent decay and pain, finds this request of root canal tooth #3 post and core and new crown to be medically necessary.

New PFM crown tooth #4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter, Dental trauma treatment (facial fracture).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Official Disability Guidelines (ODG), Head chapter: Dental Trauma Treatment (Facial Fracture).

Decision rationale: This IMR reviewer, due to the findings of recurrent decay and pain, finds this request of new PFM crown tooth #4 to be medically necessary.