

Case Number:	CM14-0078124		
Date Assigned:	07/18/2014	Date of Injury:	07/16/1990
Decision Date:	10/14/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/29/2014

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 65 year old male police sergeant with a date of injury on 08/15/90 CT. A Letter from requesting dentist dated 04/15/14 recommends patient to have replacement of porcelain crowns on tooth #8 and #9. The lingual contacts are open and the crowns that were placed are ill-fitting. A part of a build-up on #8 has fallen out as well. UR report dated 04/21/14 states: "although letter of medical necessity notes that the lingual contacts are open and the crowns that were placed are ill-fitting, and that a part of a build-up on #8 has fallen out, there is no detailed dental evaluation report with documentation of claimant's current dental complaints, and clinical findings including oral examination. There is absent periodontal charting in order to evaluate the medical necessity of dental treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement of porcelain crowns on tooth #8 and #9: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Head Procedure Summary

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: Based on the dentist dental exam findings of lingual contacts being open and the crowns that were placed are ill-fitting, and part of a build-up on #8 has fallen out; as well as the medical reference mentioned above, this IMR reviewer finds this dental request for Replacement of porcelain crowns on tooth #8 and #9 to be medically necessary.