

<b>Case Number:</b>	CM14-0175135		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 a licensed Dentist 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 patient sustained a specific injury on 3/01/12 when he fell over a distance of 15 feet. At the time he was above the ground on a ladder and landed on a concrete surface. He reports having sustained bruises to his feet. He reports having landed on both feet and the left hand. He sustained blunt trauma to the left wrist which was fractured. In addition he sustained blunt trauma to the face fracturing the upper bridge. He sustained a laceration of the lip from his tooth. AME of [REDACTED] report dated 08/04/14 states: CLINICAL IMPRESSION: 1. Left wrist fracture from injury of 3/01/12, industrial. 2. Dental contusion and laceration of the lower lip from injury of 3/01/12, industrial. 3. Report of blunt head trauma per medical records of [REDACTED] from injury of 3/01/12, industrial. 4. Mild posttraumatic head syndrome from injury of 3/01/12, industrial. 5. Posttraumatic tension and throbbing headaches. 6. Sleep disturbance, industrial. 7. Thoracolumbar spine pain, to be addressed by a board certified orthopedist. 8. Abnormal electrodiagnostic study showing possible C6 or C7 radiculopathy on the left, to be addressed by a board certified orthopedist. Requesting Dentist [REDACTED] report dated 09-24-14 states that patient fractured tooth #10 as a result of the direct trauma, and sustained a laceration his lower lip. Xrays show decay/abscess of teeth (non-specific). Dentist is requesting tooth #31 extraction and replacement with an implant and crown.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tooth #31 extraction:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Xerostomia and its effects on the dentition. Restorative Department, Operation Division, UMDNJ-New Jersey Dental School, USA JNJ Dent Assoc 2005 Spring

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

**Decision rationale:** The requesting dentist report has insufficient subjective/objective finding regarding tooth #31. It's not clear to this IMR reviewer why tooth #31 is not restorable. In the subjective complaints, patient only states that he fractured tooth #10 due to direct trauma to face. Also, per Medscape reference mentioned above, "all efforts to avoid tooth extraction must be exhausted before the decision is made to proceed with removal of a tooth". Absent further detailed documentation and clear rationale, the request for Tooth #31 extraction is not medically necessary.

**Tooth #31 replacement with implant and crown:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**Decision rationale:** The requesting dentist report has insufficient subjective/objective finding regarding tooth #31. It's not clear to this IMR reviewer if tooth #31 is restorable. In the subjective complaints, the patient only states that he fractured tooth #10 due to direct trauma to face. Absent further detailed documentation and clear rationale, the medical necessity for this request for Tooth #31 replacement with implant and crown is not medically necessary.