

Case Number:	CM14-0186839		
Date Assigned:	11/14/2014	Date of Injury:	09/22/2007
Decision Date:	01/05/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/10/2014

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 56 year old female patient on 09/22/07 injured her teeth, "upper," back, psych, and multiple other body systems including neck, sleep, gastro, upper and lower extremities, when she slipped and fell on a wet hard floor. A supplemental AME dental report dated 1/02/14 by [REDACTED] states: "Many filling almost through out the mouth except few in the lower anterior teeth, otherwise they all had at least very large filling or crowns already prior to the industrial accident. Patient has no caries on any of her teeth on industrial basis. Since the patient was having some of her teeth restored on industrial basis the patient's prophylaxis (dental cleaning) should be covered under industrial basis." [REDACTED] Diagnosis on 09/16/10: "Traumatic injury to teeth. Myofascial pain. Parafunctional activities such as clenching/bruxism. Internal derangement of the TMJ. Treatment is needed." Initial Report and Progress Reports - [REDACTED] - 04/02/10-05/25/12: "The patient was evaluated for industrial related dental trauma, facial pain, TMJ symptoms, headaches, xerostomia, and side effects of medications. Diagnosis: Bilateral traumatic injury to the teeth and mandible. Anterior disc displacement without reduction on the right side. Crepitus of the TMJ on the right side. Bilateral joint stiffness TMJ. Capsulitis of the TMJ on the right side. Bilateral bruxism secondary to chronic pain and psychological factors." [REDACTED] on RFA form dated 10/15/14 states patient "needs new lower splint, old splint is wearing off and has holes in it. Consultation with prosthodontist, need crown to put on new implant "UR Report dated 10/24/14 States: "In this case, the claimant has a history of extensive dental trauma and reconstruction. The claimant has bruxism, temporomandibular joint dysfunction and xerostomia. However, the most recent submitted documentation is ineligible. It is not clear why the claimant requires a consultation with a prosthodontist. Although it is noted that the claimant's old splint has worn off, there is no clear indication why the claimant is wearing a splint and how extensive the damage to the old

splint is. With lack of eligible information regarding the claimant's dental condition to warrant the requested treatments, medical necessity is not established for a consultation with a prosthodontist and mandibular splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with prosthodontist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Dental Trauma Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Based on ACOEM Guidelines, Chapter 7, page 127, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise.

Decision rationale: Based on the records reviewed and the dental diagnosis all summarized above, this IMR reviewer finds this request for prosthodontic consult to be medically necessary to address this patient's dental injury. This patient may benefit from additional expertise. The case is medically necessary.

Mandibular splint: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bruxism Management Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA, Appliance Therapy, and Cranio 2002 Oct; 20(4):244-53. Temporomandibular disorder treatment outcomes: second report of a large-scale prospective clinical study. Brown DT, Gaudet EL Jr. PMID: 12403182

Decision rationale: Since the old splint is wearing off and has holes in it, and based on the medical articles mentioned above, this IMR reviewer finds this request for a new mandibular splint to be medically necessary.