

Case Number:	CM14-0187037		
Date Assigned:	11/17/2014	Date of Injury:	11/23/2007
Decision Date:	01/05/2015	UR Denial Date:	10/15/2014
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 patient on November 23,2007, he was punched in his chest by his employer and thrown to a steel bar. His neck hit the bar. He got knocked unconsciously the impact Of the injury and fell to the ground.His shoulders, arm, and right knee also got injured. He did not get hit in his mouth Or teeth. The ambulance picked him up and took him to the emergency room of a hospital in [REDACTED]. He filled out a Police report.He had an Operation on his neck for a neck fusion On November 26, 2008. He had 6 screws put in his neck. Later, he had a right knee operation, and then his gallbladder removed. He stated that his teeth were affected by the medication and anesthesia .Panel QME report of [REDACTED] dated 12/11/2013 states:" DIAGNOSISThe following dental diagnoses are based on the patient history, interview and clinical examination of the applicant, diagnostic tests, and review of the medical records:327.53 Bruxism729.1 Myalgia524.62 Arthralgia of the temporomandibular joints524.64 Temporomandibular joint sounds on opening the jaw521.02 Localized dental caries (decay)527.7 Xerostomia, mild, suspected522.6 Necrotic pulp and chronic peri-radicular periodontitis for teeth #8, 12525.11 Loss of teeth due to trauma873.73 Dental Trauma to Teeth"" Abfraction Lesions and Occlusal WearOcclusal disease Partial edentulismCAUSATIONIn my opinion according to the applicant's interview and medical records, it is with reasonable medical probability that the injury was AOE/COE, and should be treated on an industrial basis. This is because there was primary trauma to his neck, shoulders, and knees while at work performing his work duties, and secondary dental trauma due to pain, stress, psyche, bruxism and medication resulting from the primary injury."" FUTURE DENTAL TREATMENT,On an industrial basis, he currently needs one hard acrylic occlusal splint. He will need another one after restorative treatment. Afterwards, he may need another one every, 3-8 years. He needs his painful tooth #12 extracted arid his painful tooth #31 extracted or root canal treated.The extractions of tooth #12

and 31 would be needed on an industrial basis to restore his whole mouth; plus, his industrial bruxism probably caused or aggravated tooth #12. If tooth #31 is root canal treated and restored, it would not be on an industrial basis because the dental caries are probably not industrially related. Based on the applicant's statements that his loss of teeth and severe occlusal wear only started after the industrial injury, it is appropriate and reasonable that his whole mouth should be restored to a similarly functional and aesthetic condition. A detailed treatment plan would be necessary by the treating dentist. It would include extractions of non-restorable teeth. It would probably include partial or complete dentures. It may include dental implants to support the dentures, especially for the mandible: It may include crowns on natural teeth. However, it would probably not include crowns on dental implants on an industrial basis; this treatment may or may not be appropriate or indicated on this patient due to his bruxism condition.; it may be too complex and risky for this patient; and it may be restoring this individual to a dental condition that is greater than his previous and pre-existing dental condition.'No periodontal treatment is indicated . ' [REDACTED] DMD report dated 09/11/14 states:Tooth Findings AOE/COE2 missing3 missing4 missing5 fracture bruxism6 fracture bruxism7 fracture bruxism11 caries 1 see above12 abscess, and subsequently extracted , 5 see above13 abscess, caries and subsequently extracted ,1 causing 3, and 5 seeabove14 missing15 missing18 missing19 missing20 missing21 fracture bruxism22 fracture bruxism23 fracture bruxism24 fracture bruxism25 fracture bruxism26 fracture bruxism27 fracture bruxism28 fracture bruxism29 missing30 missing31 caries and subsequently extracted 1 see aboveUR report dated 10/15/14 by [REDACTED] states:"The august 21, 2014 dental evaluation report is not available for review...therefore my recommendation is to non-certify..."

IMR ISSUES, DECISIONS AND RATIONALES

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

Crown with root canal and post #5, #6, #7, #21, #22, #23, #24, #25, #26, #27, #28: Overturned

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

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: Due to the objective and causation findings of Panel QME dentist [REDACTED], and Treating dentist [REDACTED], including fractured teeth #5, #6, #7, #21, #22, #23, #24, #25, #26, #27, #28 due to bruxism, this IMR reviewer finds this dental request for Crown with root canal and post #5, #6, #7, #21, #22, #23, #24, #25, #26, #27, #28 to be medically necessary.

Decay removal, root canal, post and crown #11: Overturned

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

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: Due to the objective and causation findings of Panel QME dentist [REDACTED], and Treating dentist [REDACTED], this IMR reviewer finds this dental request for Decay removal, root canal, post and crown #11 to be medically necessary.

Associated Surgical Service: If #11 non-restorable-extraction, bone graft with covering membrane, dental implant, custom abutment and PFM crown: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

Decision rationale: Records provided for review are insufficient to medically justify the need for this request for bone graft with covering membrane, dental implant, custom abutment and PFM crown

Associated Surgical Service: Bone graft with covering membrane, dental implant, custom abutment and PFM crown, #12, #13 and #31: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Head(updated 06/04/13)

Decision rationale: The panel QME dentist [REDACTED] in his page 45 of his report dated 12/11/13 states: "It may include crowns on natural teeth. However, it would probably not include crowns on dental implants on an industrial basis; this treatment may or may not be appropriate or indicated on this patient due to his bruxism condition. it may be too complex and risky for this patient; and it may be restoring this individual to a dental condition that is greater than his previous and pre-existing dental condition ". This IMR reviewer is in agreement with [REDACTED] findings and recommendation, and therefore finds this request for Bone graft with covering membrane, dental implant, custom abutment and PFM crown, #12, #13 and #31 to be not medically necessary.