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| Case Number: | CM14-0191385 | | |
| Date Assigned: | 11/25/2014 | Date of Injury: | 06/10/2003 |
| Decision Date: | 01/09/2015 | UR Denial Date: | 10/30/2014 |
| Priority: | Standard | Application Received: | 11/17/2014 |

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:

This 62-year old woman sustained an industrial injury on 6/10/2003. The details of the injury were not disclosed, however, the worker has been on chronic opioid medications since. The treating provider noticed tooth decay, possibly due to long term opiate use, and referred the worker to a dentist for evaluation on 3/11/2014. On 5/30/2014, peer review recommended to certify requests for bone grafts ridge Press-PE #23, 26; general anesthesia; surgical extractions #21, 22, 23, 24, 25, 26, 27, and 28; and 8 surgical implants on teeth #4, 6, 11, 13, 20, 23, 26, and 29. There are no dental records included for review, only a letter dated 10/23/2014 stating that teeth #22, 23, 27, and 28 are non-restorable and need to be extracted along with a pre authorization form. On 10/30/2014, Utilization Review evaluated a prescription for complete mandibular dentures. The physician noted that there is confusion regarding past and present authorizations and dental treatments. A change of plan seems to have been made, however, clear documentation regarding the change was not provided. The request was denied and subsequently appealed to Independent Medical Review. Records reviewed indicate that this patient has long standing history of opiate use which has resulted in severe xerostomia and tooth decay leading to eventual removal of her teeth. Authorization was previously provided for bone grafts, surgical extractions and implants on multiple teeth. Clinical notes of [REDACTED] indicate that teeth # 21, 22, 27, 28 are decayed and/or have faulty restorations on them. [REDACTED] plans to extract number 21, 22, 27 and 28 and uncover the upper implants. And then patient will be ready for a maxillary bar on five implants and mandibular bar on four implants with upper and lower dentures. On a previous IMR review mandibular bar on four implants was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete Denture- Mandibular: 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 : (Facial fractures)

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 records reviewed, medical articles mentioned above, and findings of [REDACTED] summarized above, this IMR reviewer finds this request for complete Denture- Mandibular to be medically necessary to prepare this patient's mouth for dentures to restore her functional chewing ability. Therefore, Complete Denture- Mandibular is medically necessary.