

Case Number:	CM14-0193566		
Date Assigned:	12/01/2014	Date of Injury:	09/25/2014
Decision Date:	01/13/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/18/2014

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 had an air hose Injury to the mouth on 9/25/14. Patient has been diagnosed with: Diagnoses:- Multiple chipped and fractured anterior teeth- Subluxated central incisors with. movement from original position- Loss of incisal guidance- #24 and 25 major mobility with likely pulpal necrosis #24- Probable pulpal injury other teeth- Through and through laceration lower lip Letter dated 12/11/14 from [REDACTED], DDS states: "Crowns #8 and 9 were denied with the opinion that there is only minor incisal chipping and full coverage crowns are not medically necessary. I disagree that there is only minor incisal chipping; the chipping is extensive and protrusive function of the incisors has been lost. The teeth were previously worn, compounding the issues. With the lack of incisal guidance that prevents the back teeth from separating when the mandible is moved into a protrusive position, placement of new surfaces on teeth #8, 9, 24, 25, as proven by diagnostic wax up/analysis, is a necessary approach to achieve the desired remedy." UR report dated 10/15/14 states: "Ceramic crowns x2 and study casts are non-certified. Ceramic crowns have been proposed on teeth #8 and #9. While these teeth have some minor incisal chipping, the majority of the tooth is Intact. A full coverage crown is not medically necessary".

IMR ISSUES, DECISIONS AND RATIONALES

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

Ceramic Crown x2: Overturned

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

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)

Decision rationale: Per medical reference mentioned above and medical records reviewed, and since the protrusive function of the incisors have been lost, the request for Ceramic Crown on teeth #8 and #9 to be medically necessary.