MAXIMUS Federal Services

Case Number:	CM14-0193570		
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 a licensed Doctor of Medical Dentistry (DMD) 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 lipLetter dated November 18, 2014 from [redacted] DDS states:"It was stated that [redacted] was not having bruxing issues. I strongly disagree.His teeth show significant wear indicative of bruxism in all excursions. eventhough he is unaware. This tends to be a common amongst bruxers; they canbe severe bruxers and be completely unaware.The occlusal surfaces primarily of the upper and lower distal molars showpronounced wear. The anterior teeth, mainly the cuspids, also show signs ofextensive wear. In such a patient a post-treatment night guard to protect therestorations being placed as well as the other teeth from continued wear isroutine and essential. "UR dentist report dated 10/15/14 states:"I have reviewed the clinical information submitted for the patient. An occlusal night guard is not medically necessary in this case as the claimant is not having any bruxism issues. I recommend the treatment is noncertified."

IMR ISSUES, DECISIONS AND RATIONALES

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

Post treatment occlusal night guard: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Bruxism Management , Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA. Appliance Therapy " Appliance therapy has been extensively studied from 1966 to the present day, and several extensive reviews have been published in the last 10 years. Occlusal splints are generally appreciated to prevent tooth wear and injury and perhaps reduce night time clenching or grinding behavior rather

Decision rationale: Based on the objective dental findings of pronounced wear on occlusal surfaces of the upper/ lower distal molars and anterior teeth, this IMR reviewer finds the need for a night guard to be medically necessary to prevent further tooth wear and control myofascial pain symptoms secondary to bruxism. Therefore the request is not medically necessary.