

Case Number:	CM15-0107495		
Date Assigned:	06/12/2015	Date of Injury:	02/22/2002
Decision Date:	12/03/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/04/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Dentist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45 year old female, who sustained an industrial injury on 2-22-2002. A review of the medical records indicates that the injured worker is undergoing treatment for dental recession, plaque buildup, areas of decay, and repositioning of dental appliances. On 12-3-2014, the injured worker's dental examination was noted to show restoration needed to tooth #2 with MO composite, #15 with MOL composite, #29 MOD composite, and #30 F composite and F gingivectomy. On 4-2-2015, the injured worker was noted to be unable to tolerate her periodontal cleaning without Nitrous Oxide sedation for the treatment of periodontal disease that the injured worker had consistently had over the past year or longer. On 5-4-2015, the injured worker was noted to be unable to withstand involved dental procedures without sedation due to extreme dentin sensitivity. The request for authorization was noted to have requested dental treatment to teeth # 2, 3, 15, 29, 30 and any other teeth necessary; to include resin-based composite (1-3 surfaces posterior) and gingivectomy. The Utilization Review (UR) dated 5-7-2015, modified the request for dental treatment to teeth # 2, 3, 15, 29, 30 and any other teeth necessary; to include resin-based composite (1-3 surfaces posterior) and gingivectomy to certification of dental treatment to teeth # 2, 3, 15, 29, 30 to include resin-based composite (1-3 surfaces posterior) and gingivectomy, with treatment to any other teeth non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental treatment to teeth # 2, 3, 15, 29, 30 and any other teeth necessary; to include resin-based composite (1-3 surfaces posterior) and gingivectomy: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed indicate that patient is undergoing treatment for dental recession, plaque buildup, areas of decay, and repositioning of dental appliances. The requesting dentist is recommending a non-specific treatment to "treat teeth # 2, 3, 15, 29, 30 and any other teeth necessary." However it's unclear to this reviewer what kind of specific dental treatment this dentist is recommending and for which teeth. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented for this request. This reviewer finds this request to be not medically necessary.