

<b>Case Number:</b>	CM15-0134258		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	04/06/2006
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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 48-year-old male, who sustained an industrial injury on 4/6/06. He reported injuries to his face and upper jaw. The injured worker was diagnosed as having trauma to multiple anterior teeth, aggravation of pre-existing malocclusion/malalignment of the teeth, residual paresthesia of the anterior maxilla, and residual complaints of mild TMJ capsulitis. Treatment to date has included removal of teeth, placement of dental implants, numerous direct restorations of porcelain to repair chipped enamel edges of the front teeth, open reduction internal fixation and intermaxillary fixation post maxillary fractures. Currently, the injured worker complains of several of his upper teeth chipping. The treating physician requested authorization to treat teeth #8 and #9 and to treat tooth #18.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Treat teeth #8 and #9:** 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, Dental trauma treatment (facial fractures).

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

**Decision rationale:** Records reviewed indicate that this patient had trauma to multiple anterior teeth, with aggravation of pre-existing malocclusion/malalignment of the teeth, residual paresthesia of the anterior maxilla, and residual complaints of mild TMJ capsulitis. Records indicate that Tooth #8 and #9 were fractured. However, the requesting dentist is recommending a non-specific treatment plan. In this case to treat teeth #8 and #9. It is unclear to this reviewer on what kind of specific dental treatment this dentist is recommending. Absent further detailed documentation and clear rationale for a specific dental treatment plan, 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 in this case. This request is not medically necessary.

**Treat tooth #18:** 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, Dental trauma treatment (facial fractures).

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

**Decision rationale:** Records reviewed indicate that this patient had trauma to multiple anterior teeth, with aggravation of pre-existing malocclusion/malalignment of the teeth, residual paresthesia of the anterior maxilla, and residual complaints of mild TMJ capsulitis. Records indicate that Tooth #18 is fractured due to bruxism. However, the requesting dentist is recommending a non-specific treatment plan. In this case to treat tooth #18 stating requires restoration, and/or root canals, and/or crowns, and/or surgical extractions, and/or implants with restoration. It is unclear to this reviewer on what kind of specific dental treatment this dentist is recommending. Absent further detailed documentation and clear rationale for a specific dental treatment plan, 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 in this case. This request is not medically necessary.