

Case Number:	CM15-0136974		
Date Assigned:	07/24/2015	Date of Injury:	10/28/1988
Decision Date:	08/31/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/15/2015

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 63-year-old male, who sustained an industrial injury on October 28, 1988. The injured worker claimed that prior to his injury he had no problem with any of his teeth and was not missing any teeth. After his hospitalization and during his treatment period he ended up with fractured and decayed teeth. Treatment included teeth extraction, root canal therapy, crown build up and partial dentures. Currently, the injured worker was noted to have more multiple missing teeth and difficulty eating. He complained of having mouth pain and the inability to chew food. The treatment plan that was requested for authorization included a #3 maxillary partial metal base and a #28 mandibular partial metal base.

IMR ISSUES, DECISIONS AND RATIONALES

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

#3 Maxillary Partial/ Metal base: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (updated 06/04/13) Dental trauma treatment.

Decision rationale: Letter dated 04/06/15 from [REDACTED] reviewed, states that Since last stage of his treatment patient needs an urgent root canal therapy and crown on teeth 6 and 28 as he is in severe pain followed by crown preparation on broken tooth #14 and extraction of broken #11. Patient is missing his upper anterior teeth 7, 8,9,10 as well as 2, 12. Tooth #11 needs to be extracted. He is missing total of 10 teeth in his upper jaw and this severely impact his chewing ability as well as his appearance since he not have any anterior teeth or any prosthesis. Partial upper denture has been planned for him for all the missing upper teeth. In the lower arch, he needs a root canal therapy and crown on tooth #28 (approved by UR). This tooth would be an abutment for partial lower denture. [REDACTED] states that this partial lower denture is essential for his chewing. Tooth #3 has filling restoration; tooth #28 has severed decay and needs root canal and crown. This tooth would be an abutment for partial lower denture. UR Oral Surgeon [REDACTED] has approved #28 crown, crown buildup and root canal therapy, #11 extractions, #14 crown, crown buildup, #6 crown, crown buildup and root canal therapy, #14 maxillary partial/metal bases, #20 mandibular partial/metal bases. UR dentist has denied #3 maxillary partial/metal base and #28 mandibular partial/metal base, stating these are redundant request to the above. In this case, there is insufficient documentation to medically justify this request for Maxillary Partial #3, since a Maxillary Partial has already been authorized, and it would replace all of the patient's missing upper 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 in this case. This reviewer recommends non-certification at this time. This request is not medically necessary.

#28 Mandibular Partial/Metal base: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head(updated 06/04/13) Dental trauma treatment.

Decision rationale: In this case, there is insufficient documentation to medically justify this request for Mandibular Partial #28, since a Mandibular Partial Denture has already been authorized, and it would replace all of the patient's missing lower 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 in this case. This reviewer recommends non-certification at this time. This request is not medically necessary.