MAXIMUS Federal Services

Case Number:	CM15-0139971		
Date Assigned:	08/04/2015	Date of Injury:	06/15/1999
Decision Date:	09/04/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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 male, who sustained an industrial injury on 6-15-99. The injured worker has complaints of right arm pain. The documentation noted hyperesthesia and allodynia of the right wrist. The diagnoses have included reflex sympathetic dystrophy of upper limb and traumatic injury to the teeth, mandible. Treatment to date has included cortisone treatments; radiographic results showed decayed teeth; spinal stimulator; physical therapy; ibuprofen; valium; Lyrica; Norco and Flexeril. The request was for osseous periodontal surgery in 4 quadrants with bone graft and membrane for tooth #3, 5, 14, 18, and 31 and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Osseous Periodontal Surgery in 4 Quadrants with Bone Graft and Membrane for Tooth #3, 5, 14, 18, and 31: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics Caries Guideline. Minneapolis (MN): HealthPartners Dental Group; 2008 Mar 31. 60 p.

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

Decision rationale: Consulting dentist [redacted] in his exam dated 04/30/2015 states that teeth #1, 6, 8, 11, 16, 19, 30, are missing. He also states radiographic findings of decayed teeth #12, 31, 32. In his report dated July 16, 2015, [redacted] states patient will need osseous surgery with a bone graft and membrane on #3, osseous surgery bone graft and membrane #14, osseous surgery bone graft and membrane #18, osseous surgery bone graft and membrane #31. He states teeth #'s 19 and 30 are missing and it is 18 and 31 that will need bone grafting. UR dentist has certified bone grafting and membrane placement for teeth #18 and 31 only, stating there is no documented support for the performance on teeth #3, 5, 14. In the records provided there is insufficient medical documentation regarding tooth #5 to justify the need for Osseous Periodontal Surgery with Bone Graft and Membrane placement. 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, therefore in not medically necessary.

Norco 5/325mg #20: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75 of 127.

Decision rationale: Consulting dentist [redacted] in his exam dated 04/30/2015 states that teeth #1, 6, 8, 11, 16, 19, 30, are missing. He also states radiographic findings of decayed teeth #12, 31, 32. He states that post surgically patient is anticipated that he will have mild to moderate pain and pain medication will be needed. Patient does not have any medication allergies. Per medical reference mentioned above, "Short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin." Therefore this reviewer finds this request for Norco 5/325mg #20 medically necessary to control this patient's pain levels post surgery.