

Case Number:	CM15-0143202		
Date Assigned:	08/04/2015	Date of Injury:	02/29/2012
Decision Date:	09/04/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/23/2015

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 43 year old female who sustained an industrial/work injury on 2-29-12. She reported an initial complaint of facial and dental-oral pain. The injured worker was diagnosed as having dental disorder-fractured tooth, TMJ (temporomandibular joint) disorder, sleep related bruxism, periodontal disease, and spasm of facial musculature. Treatment to date includes medication, diagnostics, and consultation. Currently, the injured worker complained of revealed tooth #4 was originally partially knocked out and fractured with other adjacent teeth to the area traumatized and emotionally distressed with cervical and orthopedic pain. Prior dental consultation was on 5-8-13. Per the dental report on 6-10-15, dental exam revealed tooth loss due to trauma. On 5-22-15, a qualified medial evaluation noted TMJ (temporomandibular joint) and bruxism symptoms. The requested treatments include treatment of tooth #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treatment of tooth #4: 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 rationale: Records reviewed indicate that tooth #4 was originally partially knocked out and fractured with other adjacent teeth to the area traumatized and emotionally distressed with cervical and orthopedic pain. recent dental exam revealed tooth loss due to trauma. However the requesting dentist is recommending a non-specific treatment to treat tooth #4. It's unclear to this reviewer what kind of specific dental treatment this dentist is recommending. 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. The request is not medically necessary.