MAXIMUS Federal Services

Case Number:	CM15-0147144		
Date Assigned:	08/10/2015	Date of Injury:	06/07/2013
Decision Date:	09/11/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/29/2015

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/work injury on 6-7-13. He reported an initial complaint of right shoulder and left knee pain. The injured worker was also diagnosed as having severe periodontal disease. Treatment to date includes medication, diagnostics, and dental evaluation. Currently, the injured worker complained of lost tooth number 26. Per the progress note on 6-30-15, clinical evaluation noted advance adult periodontitis which was untreated with several dental carious lesions. Prior to adding a tooth to the existing denture or fabricating new denture, the periodontal infection , carious lesions were to be treated and with re-evaluation, the final restoration wit partial lower denture could be considered. The requested treatments include Dental procedure, scaling, root planning, caries control, extraction, PLD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental procedure, scaling, root planning, carier control, extraction, PLD: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.ncbi.nlm.nih.gov/pubmed/12472990].

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 the injured worker complained of lost tooth number 26. Per the progress note on 6-30-15, clinical evaluation noted advance adult periodontitis which was untreated with several dental carious lesions. Treating dentist is recommending an unspecific dental procedure, scaling, root planning, caries control, extraction, PLD. It's unclear to this reviewer which teeth the dentist wants to extract. Also, some of the dental progress notes are hand written and illegible and/or hard to decipher. Absent further detailed documentation and clear rationale, the medical necessity for this unspecific 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, the request is not medically necessary.