

Case Number:	CM15-0199295		
Date Assigned:	10/14/2015	Date of Injury:	12/15/2006
Decision Date:	11/24/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/09/2015

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 male who sustained an industrial injury December 15, 2006. Diagnoses are xerostomia with secondary teeth loss; hypertension; depression; severe mixed-type headaches. According to a supplemental report for dental treatment dated June 3, 2015, the injured worker presented on June 1, 2015, for treatment to place crowns on teeth numbers 12, 13, and 14 with complaints of significant pain and discomfort and gingival swelling in his upper anterior dental sextant. Due to the extent of the decay present on teeth number 13 and 14 they will require endodontic root canal therapy, a surgical crown lengthening to adequately complete the treatment of crown placements for these teeth. Examination revealed tooth #10 is abscessed due to a necrotic nerve. Treatment recommendations consist of endodontic root canal, a core build-up, gingivectomy and crown placement for tooth #10, antibiotic and pain medication for ongoing infection. At issue, is the request for authorization for dental treatment, gingivectomy on teeth #13 and #14. A toxicology report dated July 15, 2015 is present in the medical record. According to utilization review dated September 14, 2015, the request for Gingivectomy on #13 and 14 are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental treatment- Gingivectomy on #13 and 14: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed indicate that patient presented on June 1, 2015, for treatment to place crowns on teeth numbers 12, 13, and 14 with complaints of significant pain and discomfort and gingival swelling in his upper anterior dental sextant. Dentist states that due to the extent of the decay present on teeth number 13 and 14 they will require endodontic root canal therapy, a surgical crown lengthening to adequately complete the treatment of crown placements for these teeth. Teeth #13 and 14 are listed for crown lengthening surgery and gingivectomy. UR dentist has found all of the proposed care with the exception of gingivectomy on #13 and 14 medically necessary. In the records provided there are insufficient documentation regarding why the treating dentist recommends both crown lengthening surgery and gingivectomy, since crown lengthening would involve both hard tissue and soft tissue. 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 finds this request not medically necessary at this time.