

Case Number:	CM15-0209497		
Date Assigned:	11/23/2015	Date of Injury:	01/02/2014
Decision Date:	12/31/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/23/2015

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 38 year old male, who sustained an industrial injury on 1-2-2014. Several documents included in the submitted medical records are difficult to decipher. The records indicated destruction of teeth from a fall with extraction of multiple teeth requiring further treatment including implants and extraction of the lower teeth. The appeal requested authorization for one tooth #10 surgical removal of erupted tooth requiring bone and-or sec and one occlusal guard. The Utilization dated 10-19-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tooth #10- surgical removal of erupted tooth requiring bone and/or sec: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head (trauma, headaches, etc., not including stress & mental disorders): Dental trauma treatment (facial fractures), 2014.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed indicate destruction of teeth from a fall with extraction of multiple teeth requiring further treatment including implants and extraction of the lower teeth. Multiple hand written notes in the records provided are difficult to understand and/or illegible. The appeal requested authorization for one tooth #10 surgical removal of erupted tooth requiring bone and-or sec. However there is insufficient documentation in the records provided to medically justify this request. 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.

One (1) occlusal guard: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Oral hygiene care for functionally dependent and cognitively impaired older adults. Iowa City (IA): University of Iowa College of Nursing, John A. Hartford Foundation Center of Geriatric Nursing Excellence; 2011 Jul. 61p.

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 based on Non-MTUS Citation Bruxism Management , Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA; Appliance Therapy.

Decision rationale: The records indicated destruction of teeth from a fall with extraction of multiple teeth requiring further treatment including implants and extraction of the lower teeth. Hand written notes are not clearly legible. 08/28/15 note states "he also has TMJ on right side and needs a guard". However there is insufficient documentation in the records provided to medically justify this request for an occlusal guard. 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.