

Case Number:	CM15-0024530		
Date Assigned:	02/17/2015	Date of Injury:	09/30/2001
Decision Date:	03/30/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/09/2015

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 66 year old female, who sustained an industrial injury on September 30, 2001. The diagnoses have included cervical strain, thoracic disc bulge, lumbar disc rupture, shoulder derangement, jaw disease, temporomandibular joint syndrome (TMJ), psychogenic disorder and joint stiffness. The injured worker complains of tooth pain. She notes clicking of left side of jaw. She is receiving physical therapy. Exam notes fracture of tooth #17 and 18. She complains of dull throbbing pain. On January 13, 2015 utilization review non-certified a request for root canal therapy on teeth #17 and #18 and crowns, post and core for teeth #17 and #18. The Health Partners Dental Group and Clinics treatment planning guidelines, Minneapolis was utilized in the determination. Application for independent medical review (IMR) is dated February 6, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Root Canal Therapy on Teeth #17 and #18: Overturned

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

Treatment planning guidelines. Minneapolis (MN): HealthPartners; 2009 Mar 23. 10 p., Periapical Lesions, Treatment: Root Canal Treatments (RCTs)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head(updated 06/04/13) Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprise 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of

Decision rationale: Records reviewed indicate that this patient has fracture of teeth #17 and 18 with TMJ syndrome and pain. Per reference mentioned above, "A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration." Therefore this IMR reviewer finds this request for root canal therapy and post and core on teeth #17 and 18 medically necessary to properly repair this patient's dental condition.

1 Crowns, Post and Core for Teeth #17 and #18: Overturned

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 Treatment planning guidelines. Minneapolis (MN): HealthPartners; 2009 Mar 23. 10 p. Disease Abatement, Restorative Care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head(updated 06/04/13) Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprise 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of

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