

Case Number:	CM15-0210011		
Date Assigned:	10/30/2015	Date of Injury:	09/11/2000
Decision Date:	12/15/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/26/2015

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:

This injured worker is a 57 year old male, who sustained an industrial injury on 09-11-2000. The injured worker was diagnosed as having trauma to teeth, and aggravated periodontal disease. On medical records dated 09-17-2015, the injured worker was noted to have developed an abscessed tooth #2 as well as tooth decay of #28 and #32. The injured worker had bruxism-clenching and grinding of the teeth. Causes excessive pressure to be placed on the teeth, contributing to micro-fractures with the teeth, which contribute to abscess of the teeth. The Utilization Review (UR) was dated 10-19-2015. A Request for Authorization was date 10-07-2015. The UR submitted for this medical review indicated that the request for treat tooth #2 as needed as per the generally accepted standards of Dental Practice, abscessed teeth require restoration, and-or root canals, and-or crowns, and-or surgical extractions, and-or implants with restorations on top of implants to be determined by restorative dentist and treat tooth #28 and 32 as needed as per the generally accepted standards of Dental Practice, deteriorated-decayed teeth require restoration, and-or root canals, and-or crowns, and-or surgical extractions, and-or implants with restorations on top of implants to be determined by restorative dentist was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treat tooth #28 and 32 as needed as per the generally accepted standards of Dental Practice, deteriorated/decayed teeth require restoration, and/or root canals, and/or crowns, and/or surgical extractions, and/or implants with restorations on top of implants to be determined by restorative dentist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://aetna.com/cpb/medical/data/1_99/0082.html.

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

Decision rationale: Records reviewed indicate that patient has developed an abscessed tooth #2 as well as tooth decay of #28 and #32. Dentist is recommending to treat tooth #28 and 32 as needed. The requesting dentist is recommending a non-specific treatment to "treat tooth". 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 for this request. This reviewer finds this request to be not medically necessary.

Treat tooth #2 as needed as per the generally accepted standards of Dental Practice, abscessed teeth require restoration, and/or root canals, and/or crowns, and/or surgical extractions, and/or implants with restorations on top of implants to be determined by restorative dentist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://aetna.com/cpb/medical/data/1_99/0082.html.

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

Decision rationale: Records reviewed indicate that patient has developed an abscessed tooth #2 as well as tooth decay of #28 and #32. Dentist is recommending to treat tooth #2 as needed. The requesting dentist is recommending a non-specific treatment to "treat tooth". 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 for this request. This reviewer finds this request to be not medically necessary.