MAXIMUS Federal Services

Case Number:	CM15-0219842		
Date Assigned:	11/12/2015	Date of Injury:	04/06/2006
Decision Date:	12/24/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/09/2015

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 male born in [redacted], who sustained an industrial injury on 4-06-2006. The injured worker was diagnosed as having trauma to teeth. Treatment to date has included diagnostics, restorative treatment from a dentist, removal of right upper canine tooth, dental implant, and maxillary fractures with open reduction-internal fixation and intermaxillary fixation. On 6-05-2015, the injured worker complains of "his bite has changed", residual numbness or paresthesia primarily in the right side of his face, bilateral facial pain with chewing hard-chewy foods, pain in his bilateral temporomandibular joints with eating hard foods, and his front teeth chipping. Exam noted crepitus in the right temporomandibular joint, pain with palpation of the bilateral temporomandibular joints and bilateral posterior digastrics, and mild wear of direct composites. Evaluation of his dental health revealed good bone support present for all natural teeth in the mouth. The treatment plan included comprehensive orthodontic treatment. On 10-26-2015 Utilization Review non-certified a request for orthodontic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthodontic treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/18385025.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter and Other Medical Treatment Guidelines Int J Periodontics Restorative Dent. 2013 Jul- Aug; 33(4): 5 27-32, DOI: 10.11607/prd.0381.Recreating an esthetically and functionally acceptable dentition: a multidisciplinary approach.Goyal MK1, Goyal S, Hegde V, Balkrishana D, Narayana AI.

Decision rationale: Records reviewed indicate that patient complains of "his bite has changed" following his surgery to reduce maxillary jaw fractures, residual numbness or paresthesia primarily in the right side of his face, bilateral facial pain with chewing hard-chewy foods, pain in his bilateral temporomandibular joints with eating hard foods, and his front teeth chipping. Exam noted crepitus in the right temporomandibular joint, pain with palpation of the bilateral temporomandibular joints and bilateral posterior digastrics, and mild wear of direct composites. [redacted] DDs AME recommended orthodontic treatment to restore patient's bite and alignment. Also records from requesting dentist states arch length discrepancy Maxillary/ Mandibular sever spacing 7mm, and there is moderate to severe attrition and wear on the maxillary and mandibular incisors. Treatment goal is to level and align all teeth, establish ideal overbite and over-jet, maintain class I molar relationship, improve function and prepare the teeth for ideal restoration. Also, per reference mentioned above, "the complete oral rehabilitation of patients with a functionally compromised dentition frequently involves a multidisciplinary approach." Therefore based on the records reviewed, along with objective findings and references mentioned above, this reviewer finds this request for orthodontic treatment to be medically necessary to properly level and align this patient's teeth.