MAXIMUS Federal Services

Case Number:	CM15-0051873		
Date Assigned:	03/25/2015	Date of Injury:	07/02/2014
Decision Date:	05/05/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/19/2015

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 64 year old male, who sustained an industrial injury on July 2, 2014. He reported his four upper front teeth were chipped. The injured worker was diagnosed as having closed occlusion/bite and fractures of teeth #s 7, 8, 9, and 10. On July 30, 2014, the injured worker reports his four upper front teeth were chipped. The physical exam revealed the incisal (biting edge) of the four upper front teeth was chipped. The treatment plan includes a request for porcelain veneers. On January 15, 2015, the injured worker underwent restoration of his teeth #s 7, 8, 9, and 10 on the upper front with veneers, and crowns on teeth #s 2, 3, 5, and 6 on the maxillary/upper right side, teeth #s 11, 12, 13, and 14 on the maxillary/upper left side, teeth #s 18, 19, and 20 on the mandibular/lower left side, and teeth #s 29, 30, and 31 on the mandibular/ lower right side. He was fitted for an occlusal splint to protect the crowns/veneers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (date of service 01/15/15) crowns #2, #3, #4, #5, #6 maxillary/upper right quantity: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association evidence based guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

Decision rationale: In the records reviewed there is insufficient documentation from the requesting dentist to support the performed crowns on teeth #2, #3, #4, #5, #6. 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 the clinical rationale has been sufficiently documented in this case. This IMR reviewer recommends non-certification at this time. The request is not medically necessary.

Retro (date of service 01/15/15) crowns #11, #12, #13, #14 maxillary/upper quantity: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association evidence based guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

Decision rationale: In the records reviewed there is insufficient documentation from the requesting dentist to support the performed crowns on teeth #11, #12, #13, #14. 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 the clinical rationale has been sufficiently documented in this case. This IMR reviewer recommends non-certification at this time. The request is not medically necessary.

Retro (date of service 01/15/15) crowns #18, #19, #20 mandibular/lower left quantity: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association evidence based guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

Decision rationale: In the records reviewed there is insufficient documentation from the requesting dentist to support the performed crowns on teeth #18, #19, #20. 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 the clinical rationale has been sufficiently documented in this case. This IMR reviewer recommends non-certification at this time. The request is not medically necessary.

Retro (date of service 01/15/15) crowns #29, #30, #31 mandibular/lower right quantity 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association evidence based guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

Decision rationale: In the records reviewed, there is insufficient documentation from the requesting dentist to support the performed crowns on teeth #29, #30, #31. 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 the clinical rationale has been sufficiently documented in this case. This IMR reviewer recommends non-certification at this time. The request is not medically necessary.