MAXIMUS Federal Services

Case Number:	CM15-0085921		
Date Assigned:	05/07/2015	Date of Injury:	11/04/2009
Decision Date:	06/12/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	05/04/2015

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 50 year old male who sustained an industrial injury on 11/4/09 when was struck by a bull hitting the left side of his face. He had loss of consciousness. He was medically evaluated and diagnosed with left thigh contusion; left Zygomatic Arch fracture; left orbital floor and lateral wall fracture; left facial contusion and abrasion. He had a computed tomography of the head (12/9/09) which was negative for intracranial hemorrhage. Currently, he complains of aggravated periodontal disease consisting of bleeding and swelling of the gum tissue caused by industrial related xerostomia. In addition he has environmental intolerance to heat/ dry/ windy conditions; blurred vision when reading; growth on medial aspect of each eye. Diagnoses include dental caries; dental erosion; industrial related xerostomia; industrial related bruxism; gastresophageal reflux disease; healed left orbital fracture. Diagnostics include salivary flow and buffering tests. On 1/29/15 the treating provider, as part of the plan of care, requested decay removal and composite fillings, noting if decay is extensive, root canal and crown may be required.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decay removal and composite fillings. If decay is extensive, root canal post and crown may be required: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head chapter Fundamentals of Fixed prosthodontics. Shillingburg/Hobo/Whitsett. Publisher: Quintessence.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2).

Decision rationale: Records reviewed indicate that this patient was struck by a bull hitting the left side of his face. He has been diagnosed with dental caries and dental erosion with industrial related xerostomia. There is an unsigned report from the requesting dentist [redacted], dated 12/16/14. Requesting dentist is recommending multiple decay removal and composite fillings. However, this IMR request is not specific and this reviewer is not clear which teeth require the proposed non-specific treatment plan. Absent further detailed signed 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 IMR reviewer recommends non-certification at this time.