

Case Number:	CM15-0086412		
Date Assigned:	05/08/2015	Date of Injury:	10/01/1997
Decision Date:	06/15/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/05/2015

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 44-year-old male who sustained an industrial injury on October 1, 1997. He has reported injuries sustained on a continuing trauma bases while playing football. Injuries included the left knee, right knee, toes, right ankle, and right quadriceps muscle, and both shoulders. Diagnosis include cephalgia, blurry vision, cervical strain with radicular pain, impingement syndrome, bilateral shoulders, chronic sprain, left elbow, lumbosacral spine strain with radicular pain, chronic sprain, bilateral knees, status post op left knee, chronic sprain, right ankle, plantar fasciitis, and insomnia. Treatment has included surgery, medications, physical therapy, injections, dental work, ice, and whirlpool therapy. Examination of the right shoulder revealed a clinical impingement syndrome with restricted range of motion. Examination of the left shoulder revealed clinical impingement syndrome with restricted range of motion. Bilateral wrist revealed tenderness. There was full range of motion of hips, knee, and ankles. The right ankle showed diffuse tenderness. There was pain over the plantar arch of the right and left foot. The treatment request included dental work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Root Canal for Tooth #19: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head - Dental trauma treatment (facial fractures).

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).

Decision rationale: Records reviewed indicate that patient complains of toothache. The dental examination of the requesting dentist and periapical x-ray reveal the presence of infected tooth #19 pulp which the provider believes requires elimination of infection and protection of decontaminated tooth from future microbial invasion. Per medical reference mentioned above, "If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration." Since there is a presence of infected tooth #19 pulp, this reviewer finds this request for root canal for tooth #19 medically necessary to properly repair this patient's tooth.

Core-Build Up of Tooth #19: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Dental trauma treatment (facial fractures).

Decision rationale: Records reviewed indicate that patient complains of toothache. The dental examination of the requesting dentist and periapical x-ray reveal the presence of infected tooth #19 pulp which the provider believes requires elimination of infection and protection of decontaminated tooth from future microbial invasion. Per medical reference mentioned above, "If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration." Since there is a presence of infected tooth #19 pulp, this reviewer finds this request for core-build up of tooth #19 medically necessary to properly repair this patient's tooth.

Crown for Tooth #19: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Dental trauma treatment (facial fractures).

Decision rationale: Records reviewed indicate that patient complains of toothache. The dental examination of the requesting dentist and periapical x-ray reveal the presence of infected tooth #19 pulp which the provider believes requires elimination of infection and protection of decontaminated tooth from future microbial invasion. Per medical reference mentioned above,

"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." Since there is a presence of infected tooth #19 pulp, this reviewer finds this request for crown for tooth #19 medically necessary to properly repair this patient's tooth.