

Case Number:	CM14-0161782		
Date Assigned:	10/07/2014	Date of Injury:	06/13/2014
Decision Date:	10/31/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/02/2014

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. The expert reviewer is Board Certified in Dentistry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Records reviewed indicate that this is a 25 year old male patient with a date of injury of 6/13/2014. According to documents submitted, the patient was being treated teeth pain status post work injury, where a pipe hit him on the left side of his face. Initially, the patient was seen at [REDACTED] and treated for a facial laceration and referred to oral surgeon, [REDACTED]. Per [REDACTED] 6/16/2014 report, the patient had fractured #8, #9, #10, #11; and #12 and underwent root canals. Per [REDACTED] 7/31/2014 evaluation, physical exam findings included gross carries of tooth #2, 17,31,32, fractured teeth of #2,8, 9, 10, 11, mobility of tooth #11, missing tooth #20, and prominent frenum in anterior maxilla. Radiographic findings included impacted tooth #1, gross carries teeth #2, 16, fractured teeth #2, 8, 9, 10, 11, and partially erupted #17,32. [REDACTED] noted that the patient had existing dental problems present prior to injury; however it appeared that teeth #8, 9, 10, and 11 were directly related with work injury. Per [REDACTED] 8/27/2014 letter, he stated the trauma the patient endured had fractured and destroyed many teeth causing irreversible damage to the nerve and structure. The teeth have broken cusps and fractured enamel that must be restored. Requesting dentist report/letter dated 08/27/14 states: "The following teeth #8 9 10 and 12 have all had endodontic root canal treatment completed in June. Endodontically treated teeth must be restored buildup/crown immediately...patient will need to be referred back to the endodontist to have additional root canal treatment on teeth #24, 25, 2, 31...after all Restorative of treatment is complete the patient will need to be referred to an oral surgeon to evaluate the upper left sinus area for maxilla fractures. Also, tooth number 11 is not restorable. The tooth will need to be extracted and an implant will need to be placed." Requesting dentist appeal report/letter dated 09/16/14 states: "The crowns of teeth #2, 23, 24, 25, 26 or fractured and broken and are causing pain to the patient...these upper anterior teeth are very weak and the coronal strength is certainly

lacking and missing in most cases...tooth number 2 has broken cusps and some pre-existing decay...it seems obvious that #23 - #26 Lower interiors have been fractured. They are cracked and #24, 25 have pain percussion, periapical periodontitis visible on the radiographs enclosed...enclose the radiographs showing fractured # 23 26 24 25 PA showing apex etc. As well as #2 coronal fractured".

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Crown-porc fuse high noble mtl for teeth numbers, #8, #9, #10, #12, #2, #13, #31, #24, #25: 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 Head

Decision rationale: Due to the dental objective findings of the treating dentist summarized above, this IMR reviewer finds this request for Crown-porc fuse high noble mtl for teeth numbers, #8, #9, #10, #12, #2, #31, #24, #25 to be medically necessary.

(1) Core build up, include any pins for teeth, #8, #9, #10, #12, #2, #31, #24, #25: 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 Head

Decision rationale: Due to the dental objective findings of the treating dentist summarized above, this IMR reviewer finds this request for Core build up, include any pins for teeth, #8, #9, #10, #12, #2, #31, #24, #25 to be medically necessary.

(1) Resin-2 surfaces, anterior for tooth# 23 and 26: 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 Head

Decision rationale: Due to the dental objective findings of the treating dentist summarized above, this IMR reviewer finds this request for Resin-2 surfaces, anterior for tooth# 23 and 26 to be medically necessary.

(1) Referral to an Endodontist for root canal treatment on teeth, #2, #24, #25, #31:
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 Chapter 7, Page 127

Decision rationale: Due to the objective findings of the treating dentist summarized above, this IMR reviewer finds this request for Referral to an Endodontist for root canal to be medically necessary to address this patient's dental injury. This patient may benefit from additional expertise.

(1) Referral to an oral surgeon: 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 Chapter 7, Page 127

Decision rationale: This IMR reviewer finds this request for Referral to an oral surgeon to be medically necessary to evaluate the upper left sinus area for maxilla fractures per treating dentist's findings. This patient may benefit from additional expertise.