

<b>Case Number:</b>	CM14-0182907		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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:

██████████ report dated 04/14/14 States:Treatment Plan:1- Full coverage crowns on teeth # 3,14, 19.2- Replacement of fixed bridge from teeth # 7-113- CT scan & panoramic x-rays4- Implant placement to replace tooth # 21 5- Referral to TMJ specialist to treat TMJ problem which can be initiated at any time.6- Scheduling with oral surgeon who did the jaw fixation to evaluate the bumps on the upper & lower jaw UR report dated 09-30-14 states:"According to the medical records, the patient is a 45-year-old male who sustained an industrial injury on 7/16/13. He was working as a security guard when he was attacked by a trespasser with a metal object and sustained a direct blow to his face, which caused fractures to the lower jaw and loss of teeth. His mouth was wired shut due to the fracture and he was unable to perform good oral hygiene for two months. He lost two teeth from the blow to his mouth and other teeth had fractures.I personally reviewed the submitted x-rays and clear clinical photographs. Given the patient's subjective complaints and objective findings, the proposed treatment is appropriate. However, the treating provider has not indicated a time parameter on this treatment. Therefore, my recommendation is to MODIFY the request for Annual Radiographs, to allow this service for one year, followed by reevaluation. "

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Annual Radiographs to allow this Service for one year, Followed by Re-Evaluation:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin Dental Services and Oral and Maxillofacial Surgery: Coverage Under Medical Plans Number: 0082 Policy Coverage Statements:

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Implant Soc. 1995;5(5):7-11. Radiographic modalities for diagnosis and treatment planning in implant dentistry. Garg AK1, Vicari A.1 Center for Dental Implants, Division of Oral/Maxillofacial Surgery & Dentistry, University of Miami School of Medicine, [REDACTED].

**Decision rationale:** Per records reviewed and medical references mentioned above, this IMR reviewer finds this request for Annual Radiographs for one year, Followed By Re-Evaluation, to be medically necessary for this patient. This will assist the treating dentist in further diagnosis and treatment planning for this patient's dental complaints.