

Case Number:	CM14-0182954		
Date Assigned:	11/10/2014	Date of Injury:	09/17/2010
Decision Date:	12/17/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/04/2014

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 licensed 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 52-year-old male sustained a lower back injury on 9/17/10. The mechanism of injury occurred when he was lifting heavy boards at work. He suffered from medication-induced xerostomia and bruxism, making pre-existing periodontal and dental conditions worse. Additional complaints included non-specific sleep disturbances and facial myofascial pain with inability to tolerate oral splint therapy. QME DMD report dated 07/07/14 recommended under future care intraoral Splint therapy, physical therapy, Botox injections. Treatment of his broken teeth and periodontal disease is to include scaling and with planning in all four quadrants with three-week periodontal reevaluation. It is very likely that the injured work will require periodontal osseous surgery with bone grafting. Treating doctor's report dated 09/04/14 states the patient has moderate to severe periodontitis with moderate bone loss and generalized inflamed and infected gums. He has heavy supra and sub gingival calculus. His gum was bleeding upon periodontal pocket charting. Then patient's upper and lower anterior teeth are chipped, cracked, and worn down for many reasons. The patient is a heavy grinder. He will need crowns, veneers, and gum lift crown lengthening to expose and elongate teeth, especially on his upper and lower anterior teeth. Due to his clenching, the patient will need to do sleep test to rule out sleep apnea. The patient also has multiple medium to large size teeth carries on his posterior teeth that will need to be treated. The patient has headache and TMJ disorder. The treating doctor also recommends unspecific home care products to maintain his oral health.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labial veneer (porcelain lam) teeth 21-28: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association (ADA), Dental Practice Parameters

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (updated 06/04/13)

Decision rationale: Based on the objective findings of a chipped tooth by the treating dentist and the medical article mentioned above, this request is medically necessary.

Occlusal orthotic device: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association (ADA), Dental Practice Parameters

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Cranio. 2002 Oct; 20(4):244-53. Temporomandibular Disorder Treatment Outcomes: Second Report of a large-scale Prospective Clinical Study. Brown DT, Gaudet EL Jr. PMID:12403182.

Decision rationale: Based on the objective dental findings and medical article mentioned above, this request is to prevent tooth wear and to the control myofascial pain symptoms secondary to diagnosis of bruxism. Therefore, this request is medically necessary.

Oral device/appliance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association (ADA), Dental Practice Parameters

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568.

Decision rationale: This request is not specific, and there is no clear rational documented to support the need and purpose for this "oral device". Based on the review of the medicals and references above, this request is not medically necessary.

Tru denta treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association (ADA), Dental Practice Parameters.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 16 Eye Chapter Page(s): 3. Decision based on Non-MTUS Citation Comprehensive Periodontal Therapy: A Statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references] Periodontal Evaluation.

Decision rationale: There is insufficient rationale and explanation for the medical necessity of this Tru denta treatment procedure. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Therefore, this request is not medically necessary.

Tru denta consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association (ADA), Dental Practice Parameters

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3. Decision based on Non-MTUS Citation Comprehensive Periodontal Therapy: A Statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references] Periodontal Evaluation.

Decision rationale: There is insufficient rationale and explanation for the medical necessity of this Tru denta consultation procedure. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Therefore, this request is not medically necessary.

Four quadrant irrigation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association (ADA), Dental Practice Parameters

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of Periodontology, Parameter on Chronic Periodontitis with Slight to Moderate Loss of Periodontal Support* Volume 71- Number 5- May 2000 (Supplement)

Decision rationale: Per reference above from Journal of Periodontology, for initial therapy of periodontal disease should include: "Antimicrobial agents or devices may be used as adjuncts." Therefore, this request is medically necessary.

Home care products (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association (ADA), Dental Practice Parameters

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3. Decision based on Non-MTUS Citation Comprehensive Periodontal Therapy: A Statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references] Periodontal Evaluation.

Decision rationale: This request is very vague and unspecific as why "home care" is necessary. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Therefore, this request is not medically necessary.

Crown lengthening: tooth # 7, 8, and 9: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association (ADA), Dental Practice Parameters.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head (updated 06/04/13)

Decision rationale: Based on the QME dentist and the treating dentist summarized above as well as the guidelines, this request is medically necessary.

Diagnostic wax up: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association (ADA), Dental Practice Parameters.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head (updated 06/04/13).

Decision rationale: Since there is a need for veneer and crown, this request is medically necessary.

Ceramic onlay (four surfaces): tooth # 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association (ADA), Dental Practice Parameters.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head (updated 06/04/13).

Decision rationale: Per the objective findings of the QME dentist and the treating doctor's as well as the guidelines, this request is medically necessary.

Three-quarter porcelain crown: tooth # 5-12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association (ADA), Dental Practice Parameters

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

Decision rationale: There is insufficient documentation on the status of teeth #5-12. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Therefore, this request is not medically necessary.