

<b>Case Number:</b>	CM14-0176184		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	04/10/2003
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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. 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 (IW) is a 53-year-old male who sustained an industrial injury on 04/10/2003. The notes stated the IW saw the provider on 9/11/14 for a tooth that fractured while eating bread. It was documented that the fracture of tooth #4 occurred at the gum level and that extraction, bone graft and dental implant was needed. It was also stated that due to recurrent caries, tooth #5 required a new crown. Diagnoses and any previous treatments were not documented. A request was made for extraction, bone graft, and implant on tooth #4 and a dental crown on tooth #5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extraction, Bone Graft and implant on Tooth #4:** Upheld

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

**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:** Letter from requesting dentist [REDACTED] reviewed indicate that patient's tooth had been hurting and when patient was eating bread tooth broke off. Tooth #4 fractured at gum level and he is recommending extraction, bone graft and implant. Tooth #5 had recurrent caries and needed new crown. This is all the information that has been provided in the records for this reviewer. There is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. Absent further detailed 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 this request is not medically necessary.

**Dental Crown on Tooth #5:** Upheld

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

**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:** Letter from requesting dentist [REDACTED] reviewed indicate that patient's tooth had been hurting and when patient was eating bread tooth broke off. Tooth #4 fractured at gum level and he is recommending extraction, bone graft and implant. Tooth #5 had recurrent caries and needed new crown. This is all the information that has been provided in the records for this reviewer. There is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. Absent further detailed 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 this request is not medically necessary.