

Case Number:	CM14-0065688		
Date Assigned:	07/11/2014	Date of Injury:	08/20/2007
Decision Date:	01/22/2015	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/08/2014

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 Dentist, 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 48 year old male, involved in an industrial injury on 08/20/07 which has resulted in a habit of teeth grinding/jaw clenching (bruxism) as a response to the chronic orthopedic pain and dry mouth/xerostomia from the side effect of industrial medications that have been prescribed for him. 04/15/2014 - UR report - Treating physician stated that the patient would require dental restoration. There is not enough information given about the tooth to confirm necessity. A radiograph is needed and reason for composite. Request was made to do one surface composite (D2330) for Tooth #11. Request was not approved. On 03/05/14 - Primary treating dentist progress report stated subjective complaints of constant moderate pain tooth #14, lost missing teeth, numerous loose teeth, frequent clenching and grinding of teeth, constant slight to severe temple headaches, frequent popping of bilateral jaws, constant dry mouth, and intermittent jaw pain. Objective findings include maximum opening 36 mm. Click/pop bilateral TMJ, extensive vertical bone loss and 9 mm lingual recession exposing palatal root tooth #14, apical radiolucency tooth #14, tooth number sign two DB cherries and large filling needs PFM crown, tooth #7 MB caries needs 2 surface composite, tooth #14 large apical abscess...Change in treatment plan and request for authorization this patient requires dental restoration tooth #14 surgical extraction bone graft guided tissue regeneration...implant custom abutment implant crown...tooth #11 one surface composite.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tooth #11 one surface composite D2330: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head

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

Decision rationale: Treating and requesting dentist report dated 03/05/14 does not adequately document the subjective/objective/diagnostic findings relating to tooth #11. There is no clinical examination and/or dental x-rays pertaining to tooth #11 in the records provided. Absent further detailed documentation and clear rationale, Tooth #11 one surface composite request is not medically necessary at this time. 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 IMR reviewer does not believe this has been met in this case. Therefore, the requested dental treatment is not medically necessary.