

Case Number:	CM15-0006759		
Date Assigned:	01/26/2015	Date of Injury:	05/19/2010
Decision Date:	03/17/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/13/2015

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 is a 59 year old male, who sustained an industrial injury to his low back and right knee on 5/19/2010 after slipping and falling. He has reported back and knee pain with pain radiating into buttocks, thighs, legs and feet. The diagnoses have included advanced osteoarthritis right hip, sprain right hip, severe lumbar degenerative disc disease with bilateral foraminal narrowing, and low back pain with radiculopathy. Treatment to date has included medications, surgery, physical therapy and use of ice. Currently, the IW complains of pain in the anterior groin region with occasional pain in the posterior hip. He recently underwent right total knee arthroplasty with continued constant aching sensation which increases with standing. He also reports progressive pain with ambulation and night pain. Physical exam reveals right hip with positive stinchfield straight leg raise and limited range of motion. The x-rays of right hip dated 12/8/14 demonstrate advanced degenerative changes with bone on bone contact in superior lateral acetabular region. He uses medication with no benefit or very slight relief. He also has been performing Home Exercise Program (HEP) and physical therapy with no significant improvement. He has elected to proceed with right total hip arthroplasty. He will need dental clearance for surgery. He will remain off work pending authorization and surgery. The UR cited a dental exam on 12/1/14 that documented slight sensitivity to hot, cold and sweets. There was severe damage on the top and bottom on oral exam. There was moderate crowding on the bottom and moderate spacing on the top. The IW had periodontal disease and 2 large decays. On 12/26/2014 Utilization Review non-certified a request for #2 Root Canal, #2 Crown, and Cleaning, scaling and root planning all 4 quadrants, noting as charting was submitted, dental

radiographs are needed, therefore the #2 root canal, #2 crown and Cleaning, scaling and root planning all 4 quadrants is not medically necessary and consistent with (MTUS) Medical Treatment Utilization Schedule. The Official Disability Guidelines (ODG) and (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

#2 Root Canal: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head (updated 12/5/14), Dental trauma treatment (facial fractures)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 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),Chronic Pain Treatment Guidelines A focused medical history, work history, and physical examination generally are sufficient to a.

Decision rationale: In this case the dental exam report from the treating dentist is missing. Per records reviewed, patient needs dental clearance before hip surgery. A detailed dental report including claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment is required to support the root canal 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 IMR reviewer does not believe this has been met in this case. This IMR reviewer recommends non-certification at this time.

#2 Crown: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head (updated 12/5/14), Dental trauma treatment (facial fractures)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 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),Chronic Pain Treatment Guidelines A focused medical history, work history, and physical examination generally are sufficient to a.

Decision rationale: Per records reviewed, patient needs dental clearance before hip surgery. In this case the dental exam report from the treating dentist is missing. A detailed dental report including claimant's current dental complaints, and clinical examination including oral

examination/periodontal evaluation, dental x-rays, caries assessment is required to support the crown request. 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 IMR reviewer does not believe this has been met in this case. This IMR reviewer recommends non-certification at this time.

Cleaning, scaling and root planning all 4 quadrants: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head (updated 12/5/14), Dental trauma treatment (facial fractures)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 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),Chronic Pain Treatment Guidelines A focused medical history, work history, and physical examination generally are sufficient to a.

Decision rationale: Per records reviewed, patient needs dental clearance before hip surgery. In this case the dental exam report from the treating dentist is missing. A detailed dental report including claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment is required to support the cleaning and scalling request. 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 IMR reviewer does not believe this has been met in this case. This IMR reviewer recommends non-certification at this time.