

Case Number:	CM15-0117088		
Date Assigned:	06/25/2015	Date of Injury:	11/25/2014
Decision Date:	07/24/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/17/2015

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 25 year old male, who sustained an industrial injury on 11/25/14. He has reported initial complaints of facial, neck and head injuries after a fall at work. The diagnoses have included capsulitis, cross bite, myofascial pain, limited opening, chipped teeth, periodontal disease, deviated jaw, and malocclusion, right body of the mandible fracture, cervical spine injury, and open wound of tooth without mention of complication. Treatment to date has included medications, diagnostics, surgery, maxillomandibular fixation, orthopedic surgeon, oral surgeon, neurosurgeon, c-collar, physical therapy, home health visits, and other modalities. Currently, as per the physician progress note dated 5/4/15, the injured worker complains of suffering a broken jaw in a work related injury on 11/25/14. He had surgery done with plates and screws and states that he has had braces in the past and has had good and straight teeth but now his teeth have shifted and they are not straight anymore. He reports that he cannot chew on the right side of his mouth, and when he yawns he feels as if he is going to break his jaw. The objective findings reveal that he has a limited opening of the mouth of less than 20 millimeters. He has severe pain on palpation of the Temporomandibular Joint area, there is severe pain on palpation of the muscles of mastication bilaterally, he has an anterior cross bite, the teeth are not touching evenly, tooth number eight has a big chip, his gums are inflamed and it looks like he has not been able to keep his mouth clean. The arch bars are causing inflammation of the gums. There are previous diagnostic reports noted in the records. The physician requested treatments included Crown and build- up of tooth #8, Four (4) mouth quadrants of deep scaling, including upper right, lower right, upper left and lower left quadrants, and Mandibular repositioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Crown and build up of tooth #8: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gordon J Christensen DDS, MSD, PhD, JADA Vol 138 No1 pg 101-103 and The American Academy of Periodontology website 2012.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Dental trauma treatment (facial fractures) Recommended.

Decision rationale: Records reviewed indicate that this patient is a 25-year-old male who was injured in an accident at work on 11/25/14. His facial injuries that are documented are a non-displaced fracture of the right body of the mandible. This was treated on 12/02/14 with a closed reduction. He also has been diagnosed with post jaw fracture with poor occlusion, cervical strain, status post cervical fracture and lumbosacral strain. Records from ██████ DDS MD states that the fracture is well healed, however patient complaining of continued jaw pain and malocclusion. Clinical notes of requesting dentist ██████ dated 05/29/15 states that the incisal edge of tooth #8 is fractured off, more than one third of the height of the tooth is fractured off, stating that this is a big fracture and a filling will not hold up for a very long. He recommends a crown on the tooth for a secure strong and long lasting treatment. Per medical reference mentioned above, "crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury". Since more than one third of this tooth has been fractured off, this review finds this request for crown and buildup of tooth #8 medically necessary to promptly repair injury to this tooth.

Four (4) mouth quadrants of deep scaling, including upper right, lower right, upper left and lower left quadrants: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gordon J Christensen DDS, MSD, PhD, JADA Vol 138 No1 pg 101-103 and The American Academy of Periodontology website 2012.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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].

Decision rationale: Clinical notes of requesting dentist ██████ dated 05/29/15 states that patient's mouth was wired shut and he could not brush for months, therefore the patient has developed gingivitis and periodontitis. He further states that if a patient has not been able to brush his teeth for months, the plaque hardens and is very difficult to maintain clean teeth with brushing. Per medical reference mentioned above, "Removal of supra and sub gingival bacterial plaque biofilm and calculus by comprehensive, meticulous periodontal scaling and root planning" are part of the treatment plan for periodontal therapy. Since this patient has been diagnosed with periodontal disease, this reviewer finds this request for root planning and scaling to be medically necessary to properly treat this patient's periodontitis.

Mandibular repositioning: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gordon J Christensen DDS, MSD, PhD, JADA Vol 138 No1 pg 101-103 and The American Academy of Periodontology website 2012.

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

Decision rationale: Records reviewed indicate that this patient has a non-displaced fracture of the right body of the mandible. This was treated on 12/02/14 with a closed reduction. He also has been diagnosed with post jaw fracture with poor occlusion. Clinical notes of requesting dentist [REDACTED] dated 05/29/15 states that patient has severe TMJ and myofascial pain and he can barely open his mouth. He further states that patient does not have a stable bite and needs something to stabilize his bite to relieve the pain and this orthotic device is absolutely necessary and without it the patient condition will only get worse. Per reference mentioned above, regarding treatment of TMJ, "home therapy and medications are continued, but at this point, a bite appliance is made for the patient." Since this patient has been diagnosed with mandible fracture and has severe myofascial TMJ pain, this reviewer finds this request for a Mandibular repositioning device to be medically necessary to treat this patient's TMJ condition.