

Case Number:	CM15-0118364		
Date Assigned:	06/26/2015	Date of Injury:	03/31/2005
Decision Date:	07/30/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/18/2015

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 60 year old male, who sustained an industrial injury on 03/31/2005 secondary to a fall that caused him to land on both of his knees and hit his face on dirt. On provider letter dated 05/13/2015 examination of the injured worker was noted to have #14 constant throbbing and lingering pain. The tooth was symptomatic with acute irreversible pulpitis due to the close proximity of the re-current decay to the nerve. The diagnoses have included salivary secretion disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 root canal of tooth #9: Upheld

Claims Administrator guideline: The Claims Administrator 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: Records reviewed indicate that this patient was noted to have pain in tooth #14 after having a temporary crown placed on 03/23/15. Examination findings included irreversible pulpitis due to the close proximity of the re-current decay to the nerve. Patient had a documented past history of dental carries and deterioration attributed to xerostomia secondary to medication use. AME report of [REDACTED] dated 07/01/14 states that it is reasonable medical probability that the continual prescriptions of medication on an industrial basis resulted in the xerostomia dry mouth in the applicant and aggravated the progression of dental decay. On provider letter dated 05/13/2015 examination of the injured worker was noted to have #14 constant throbbing and lingering pain. The tooth was symptomatic with acute irreversible pulpitis due to the close proximity of the re-current decay to the nerve. The diagnoses have included salivary secretion disorder. On the IMR application, [REDACTED] is requesting 1 root canal of tooth #9. However in the records provided there is insufficient documentation of claimant's complaints regarding tooth #9, clinical examination including oral examination/periodontal evaluation, x-rays, caries assessment to support the request of [REDACTED] and/or treating dentist. 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 evidence has not been sufficiently documented in this case. Absent further detailed documentation and clear rationale, the request is not medically necessary.