MAXIMUS Federal Services

Case Number:	CM15-0127641		
Date Assigned:	07/14/2015	Date of Injury:	05/23/2014
Decision Date:	08/24/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/01/2015

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:

This 46-year-old woman sustained an industrial injury on 5/23/2014. The mechanism of injury is not detailed. Evaluations include tibia CT scan dated 10/24/2014. Diagnoses include cervical spine strain, open wound of internal structures of mouth, open wound of tooth (fracture) due to trauma, contusion of facial scalp and neck, contusion of upper arm, knee and leg sprains and strains, and degenerative joint disease of the knee. Treatment has included oral medications and physical therapy. Physician notes on a PR-2 dated 4/15/2015 show complaints of right knee, bilateral upper extremities, and neck pain. Recommendations include follow up with dentist for reconstruction; Naprosyn, repeat right tibia x-rays if no significant improvement, and follow up in three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Crown X 3 (Tooth #4, 9, 31): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition, 2014, Head, Dental Trauma Treatment (facial Fractures).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Dental Trauma Treatment.

Decision rationale: Records reviewed indicate that this patient's tooth #9 has periapical radiolucency at the apex of the root, previous root canal therapy and crown has failed possibly due to trauma. #31 has been diagnosed with irreversible pulpitis due to trauma. #4 has large mesial and distal decay. Records from treating dentist dated 06/12/15 states pain on #4 and #19 radiograph reveals possible endo involvement on these and other teeth. Per 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. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration." Therefore, since this patient has the entire dental damage summarized above, this reviewer finds this request for Crown X 3 (Tooth #4, 9, 31) medically necessary to properly treat this patient's teeth #4, 9 and 31.

Build up x 3 (Tooth #4, 9, 31): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition, 2014, Head, Dental Trauma Treatment (facial Fractures).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Dental trauma.

Decision rationale: Records reviewed indicate that this patient's tooth #9 has periapical radiolucency at the apex of the root, previous root canal therapy and crown has failed possibly due to trauma. #31 has been diagnosed with irreversible pulpitis due to trauma. #4 has large mesial and distal decay. Records from treating dentist dated 06/12/15 states pain on #4 and #19 radiograph reveals possible endo involvement on these and other teeth. Per 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. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration." Therefore since this patient has all the dental damage summarized above, this reviewer finds this request for Build up x 3 (Tooth #4, 9, 31) medically necessary to properly treat this patient's teeth #4, 9 and 31.

Root Canal x 1 (Tooth #31): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the

MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition, 2014, Head, Dental Trauma Treatment (facial Fractures).

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

Decision rationale: Records reviewed indicate that this patient's tooth #31 has been diagnosed with irreversible pulpitis due to trauma. Per reference mentioned above, "If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration." Therefore since this patient has irreversible pulpitis due to trauma, this reviewer finds this request for Root Canal x 1 (Tooth #31) medically necessary to properly treat this patient's tooth #31.

Retreat Previous Root Canal x 1 (Tooth #9): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition, 2014, Head, Dental Trauma Treatment (facial Fractures).

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

Decision rationale: Records reviewed indicate that this patient's tooth #9 has periapical radiolucency at the apex of the root, previous root canal therapy and crown has failed possibly due to trauma. Per reference mentioned above, "If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration." Therefore since this patient has a periapical radiolucency at the apex of the root and previous root canal therapy and crown has failed, this reviewer finds this request for Retreat Previous Root Canal x 1 (Tooth #9) medically necessary to properly treat this patient's tooth #9.