

<b>Case Number:</b>	CM15-0163387		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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 35 year old male, who sustained an industrial injury on 6-30-14. The injured worker is being treated for blunt head injury, facial contusions, facial laceration, dental trauma, eye vision complaints, musculoligamentous injury of the cervical spine, musculoligamentous injury of the lumbar spine, disc bulge in cervical and lumbar spine and cervical and lumbar radiculopathy. Treatment to date has included acupuncture treatment, home exercise program, oral medications including Mobic 15mg and Cyclobenzaprine 10mg; and activity modifications. On 6-23-15 the injured worker complained of loss of two bottom teeth. Physical exam performed on 6-23-15 revealed 2 missing teeth and fair oral hygiene. The treatment plan included a root canal and crown on tooth #9, localized cleanings around injured teeth, crown to support a bridge and Pontic (fake teeth) #23 and 24. On 7-28-15 a request for porcelain ceramic crown-pontic x5 was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Porcelain ceramic crown/pontic x 5:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Online, 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 (facial fractures) Recommended.

**Decision rationale:** Record indicate that this patient was hit by a tree branch and lost two lower front teeth. Patient also reports the injury was to his mouth, nose eye and side of his face. Further records reviewed indicate that provider is recommending localized deep cleaning around the injured teeth prior to restorative treatment and especially around #25. Records states that sometimes after a deep cleaning, this helps the mobile tooth to tighten up, and if that happens, provider recommends a bridge 22-xx-25-26 with fake teeth being supported by crowned teeth 22,25,26. 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. " Therefore based on the records reviewed along with the reference and findings mentioned above, this reviewer finds this request for Porcelain ceramic crown/pontic x 5 medically necessary to properly repair this patient's dental injury.