MAXIMUS Federal Services

Case Number:	CM15-0047327		
Date Assigned:	04/14/2015	Date of Injury:	01/17/2012
Decision Date:	05/21/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/12/2015

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 female, who sustained an industrial injury on 1/17/12. The injured worker was diagnosed as having Bruxism, trauma to teeth, fractured teeth and aggravated periodontal disease. Treatment to date has included periodontal scaling. Currently, the injured worker complains of periodontal disease. The treatment pal included restoration of teeth and remake of an obstructive airway oral appliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treat teeth #s 4, 5, and 9 as needed; abscessed teeth require restoration and/or root canals, and/or crowns and/or surgical extractions, and/or implants with restorations on top of implants: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Head Procedure Summary last updated 01/21/2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation,Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (MTUS July 18, 2009

page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2) - A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency , intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear Page(s): 3.

Decision rationale: Records reviewed indicate that this patient has been diagnosed as having Bruxism, trauma to teeth, fractured teeth and aggravated periodontal disease. This patient may need dental treatment, however this is a non-specific request for treatment as needed on multiple teeth. Absent further specific treatment request documentation and clear rationale, the medical necessity for this vague 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 reviewer does not believe this has been met in this case. This reviewer recommends non-certification at this time. Therefore, the requested medical treatment is not medically necessary.