

Case Number:	CM15-0052927		
Date Assigned:	04/16/2015	Date of Injury:	05/02/2002
Decision Date:	10/26/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/20/2015

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 (n) 61 year old individual, who sustained an industrial injury on 5-2-02. The injured worker was diagnosed as having open margins and decay. On 3-4-15 the treating physician requested a Utilization Review for a crown #18, a crown #27, a crown #28, a crown #21, crown #22, crown #24, a crown # 25 and a crown #26. The Utilization Review dated 3-11-15, non-certified the request for a crown #18, a crown #27, a crown #28, a crown #21, a crown #22, a crown #24, a crown # 25 and a crown #26. Records reviewed and letter dated 03/04/15 from [REDACTED] states that #21 and #18 need crowns because of open margins and decay. A request for authorization form states that "one piece bridge fractured/needs to be replaced, crown #7-13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Crown #18: Overturned

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

Decision rationale: Records reviewed and letter dated 03/04/15 from [REDACTED] states that #21 and #18 need crowns because of open margins and decay. A request for authorization form states that "one piece bridge fractured/needs to be replaced, crown #7-13. According to the Official Disability Guidelines, 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". Based on the records reviewed along with the reference and findings mentioned above, this reviewer finds this request for crown #18 medically necessary to properly treat this patient's tooth #18.

Crown #27: 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 General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed and letter dated 03/04/15 from [REDACTED] states that #21 and #18 need crowns because of open margins and decay. A request for authorization form states that "one piece bridge fractured/needs to be replaced, crown #7-13. However there are insufficient medical documentation regarding tooth #27 in the records provided to justify the need for this crown. Absent further detailed documentation and clear rationale, the medical necessity for this 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 sufficiently documented in this case. The request is not medically necessary, and this reviewer recommends non-certification at this time.

Crown #28: 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 General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed and letter dated 03/04/15 from [REDACTED] states that #21 and #18 need crowns because of open margins and decay. A request for authorization form states that "one piece bridge fractured/needs to be replaced, crown #7-13. However there are insufficient medical documentation regarding tooth #28 in the records provided to justify the need for this crown. Absent further detailed documentation and clear rationale, the medical necessity for this 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 sufficiently documented in this case. This reviewer recommends non-certification at this time; the request is not medically necessary.

Crown #21: Overturned

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

Decision rationale: Records reviewed and letter dated 03/04/15 from [REDACTED] states that #21 and #18 need crowns because of open margins and decay. A request for authorization form states that "one piece bridge fractured/needs to be replaced, crown #7-13. According to the Official Disability Guidelines, 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". Based on the records reviewed along with the reference and findings mentioned above, this reviewer finds this request for crown #21 medically necessary to properly treat this patient's tooth #21.

Crown #22: 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 General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed and letter dated 03/04/15 from [REDACTED] states that #21 and #18 need crowns because of open margins and decay. A request for authorization form states that "one piece bridge fractured/needs to be replaced, crown #7-13. However there are insufficient medical documentation regarding tooth #22 in the records provided to justify the need for this crown. Absent further detailed documentation and clear rationale, the medical necessity for this 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 sufficiently documented in this case. This reviewer recommends non-certification at this time as the request is not medically necessary.

Crown #24: 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 General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Prevention, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed and letter dated 03/04/15 from [REDACTED] states that #21 and #18 need crowns because of open margins and decay. A request for authorization form states that "one piece bridge fractured/needs to be replaced, crown #7-13. However there are insufficient medical documentation regarding tooth #24 in the records provided to justify the need for this crown. Absent further detailed documentation and clear rationale, the medical necessity for this 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 sufficiently documented in this case. The request is not medically necessary, and this reviewer recommends non-certification at this time.

Crown #25: 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 General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed and letter dated 03/04/15 from [REDACTED] states that #21 and #18 need crowns because of open margins and decay. A request for authorization form states that "one piece bridge fractured/needs to be replaced, crown #7-13. However there are insufficient medical documentation regarding tooth #25 in the records provided to justify the need for this crown. Absent further detailed documentation and clear rationale, the medical necessity for this 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 sufficiently documented in this case. This reviewer recommends non-certification at this time; the request is not medically necessary.

Crown #26: 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 General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed and letter dated 03/04/15 from [REDACTED] states that #21 and #18 need crowns because of open margins and decay. A request for authorization form states that "one piece bridge fractured/needs to be replaced, crown #7-13. However there are insufficient medical documentation regarding tooth #26 in the records provided to justify the need for this crown. Absent further detailed documentation and clear rationale, the medical necessity for this 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 sufficiently documented in this case. This reviewer recommends non-certification at this time; the request is not medically necessary.