

Case Number:	CM15-0066991		
Date Assigned:	04/14/2015	Date of Injury:	10/22/2014
Decision Date:	05/14/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/08/2015

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 53-year-old male, who sustained an industrial injury on October 22, 2014, incurring injuries to the back of the head and right shoulder after an assault. He was diagnosed with multiple lacerations, closed head trauma, facial contusions, dental fracture, left rotator cuff tear, lumbar disc disease, and hand injuries. Treatment included therapy, ice, heat, surgical interventions and pain management. The treatment plan that was requested for authorization included dental cleaning and extraction of dental implants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental Cleaning and Extraction Dental Implants: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3, Chronic Pain Treatment Guidelines.

Decision rationale: In this case, there is insufficient documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental

x-rays, caries assessment to support the requests. In addition, this request is non-specific and it is unclear which dental implants need to be extracted. 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. Therefore, the request is not medically necessary.