

Case Number:	CM15-0071264		
Date Assigned:	04/21/2015	Date of Injury:	09/10/2010
Decision Date:	05/21/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/15/2015

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 51 year old male who sustained an industrial injury on 09/10/10. Initial complaints include fractured vertebrae, fractured clavicle, and teeth #23 and #26 were fractured with the coronal portions broken off. Initial diagnoses are not available. Treatments to date include clavicle surgery, physical therapy, acupuncture, pain specialists, and dental exams. Diagnostic studies are not addressed. Current complaints include cracked missing lower front teeth, lower anterior teeth and gum pain, difficulty chewing, dry, sensitive mouth, and facial pain. Current diagnoses include severe dental caries #23-26, bruxism, myalgia, xerostomia, dental trauma to teeth, reduced periodontium, generalized chronic gingivitis, and partial edentulism. In a QME evaluation dated 02/05/15 the evaluating provider reports the need for #23-26 extractions, a hard acrylic occlusal spint, prophy, restore #23-26 with a bridge or 2 implants; teeth #2, 5, 12, and 30 should be restored with fillings or crowns; a dental cleaning for possible scaling and root planning, periodic maintenance or cleanings every 3 months with oral hygiene instruction; change or minimize medications to minimize or eliminate dry mouth, use off salivary substitutes. The requested treatments are extraction of teeth #23-26, bone grafts, general anesthesia, and a CT scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extraction of teeth #23, 26, bone graft, general anesthesia: 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) ODG-TWC Head Procedure Summary Online Version; <http://www.aetna.com/cpb/dental/data/DCPB0001.html>; <http://www.aetna.com.cpb/dental/data/DCPB0016.html>.

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

Decision rationale: Records reviewed indicate that patient has fractured coronal portions of teeth #23 and 26 with documentation of sensitivity to percussion and bite tests on exam and radiograph showing periapical abscess. [REDACTED] report dated 09/24/14 has mentioned patient complains of psychiatric problems and has diagnosed this patient with PTSD. Since this patient has been diagnosed with psychiatric disorders, per Medscape reference mentioned above: "In dentistry, nitrous oxide is indicated to decrease the pain and anxiety associated with procedures. It is commonly delivered by a nasal mask in combination with oxygen." and that "indications in adult dental patients include anxiety, low pain tolerance, underlying psychiatric disorders, and mental retardation." Therefore, general anesthesia is medically necessary in the treatment of this patient. Also, per ODG reference mentioned above, "Dental implants, dentures, 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." Since this patient has fractured coronal portions of teeth #23 and 26, this reviewer finds this request for extraction of #23 and 26 and bone graft medically necessary to properly treat this patient's dental condition.

CT scan: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Implant Soc. 1995;5(5):7-11. Radiographic modalities for diagnosis and treatment planning in implant dentistry. Garg AK1, Vicari A. 1 Center for Dental Implants, Division of Oral/Maxillofacial Surgery & Dentistry, University of Miami School of Medicine, Florida, USA.

Decision rationale: Records reviewed indicate that patient has fractured coronal portions of teeth #23 and 26 with documentation of sensitivity to percussion and bite tests on exam and radiograph showing periapical abscess. Per reference mentioned above, "Today, the two most often employed and most applicable radiographic studies for implant treatment planning are the panoramic radiograph and tomography." Therefore, this reviewer finds this request for CT scan medically necessary to properly treat and diagnose this patient's dental fracture caused by the industrial related accident.