

Case Number:	CM15-0078518		
Date Assigned:	04/29/2015	Date of Injury:	10/15/2011
Decision Date:	06/02/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application	04/24/2015

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 43 year old male with an industrial injury dated October 15, 2011. The injured worker's diagnoses include failing endodontic root canal therapy, moderate articular cartilage disorder with reduction in early opening, cephalgia, moderate synovitis/tenosynovitis of the temporomandibular joint, moderate temporal tendinitis, moderate temporomandibular joint strain and a moderate myofascial pain dysfunction with emphasized posterior head and mandibular pain. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 3/12/2015, the injured worker reported persistent headaches, head pain emphasized in the back of his neck, bilateral jaw pain, neck and shoulder pain and significantly ongoing pain in his upper anterior teeth. Objective findings revealed moderate pain in the bilateral masseter muscle region, moderate tenderness in the bilateral middle and posterior occipital region, moderate to severe tenderness in the bilateral lateral pterygoid, moderate tenderness in the bilateral sternocleidomastoid, bilateral preauricular region and bilateral anterior scalenes. The treating physician reported that tooth #10 revealed moderate pain on percussion testing indicating a failing endodontic root canal therapy or a possible unrestorable root fracture. The treating physician requested crown-porcelain/ceramic tooth #10, re-treat RCT (root canal treatment) tooth #10, core build up tooth #10, gingivectomy tooth #10, Insertion and articulation of spl, and orthotic management/training.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated service: Re-treat rct tooth #10: 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).

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 tooth #10 revealed moderate pain on percussion testing indicating a failing endodontic root canal therapy or a possible unrestorable root fracture. Per reference mentioned above, "If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration." Therefore this reviewer finds this request for re-treat rct tooth #10 medically necessary to properly restore this patient's tooth #10.

Associated service: Crown-porco/ceramic; tooth #10: 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).

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 tooth #10 revealed moderate pain on percussion testing indicating a failing endodontic root canal therapy or a possible unrestorable root fracture. 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, this reviewer finds this request for a crown-porco/ceramic tooth #10 medically necessary to properly restore this patient's tooth #10.

Associated service: Core build up tooth #10: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regence Group Dental Policy.

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 tooth #10 revealed moderate pain on percussion testing indicating a failing endodontic root canal therapy or a possible unrestorable root fracture. Per 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. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown." Therefore this reviewer finds this request for a core build up tooth #10 medically necessary to properly restore this patient's tooth #10.

Associated service: Gingivectomy tooth #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2.

Decision rationale: Records reviewed indicate that the treating dentist is requesting endodontic root canal re-treatment including crown replacement. However, there is insufficient documentation regarding the medical necessity of the gingivectomy. 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 regarding this request. This IMR reviewer recommends non-certification at this time; the request is not medically necessary.

Insertion and articulation of spl: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings: Otolaryngology Head and neck surgery, 4th ed., Mosby, inc pp 1565-1568.

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 9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2.

Decision rationale: Records reviewed indicate that the treating dentist is requesting endodontic root canal re-treatment including crown replacement. However, there is insufficient documentation regarding the medical necessity of the insertion and articulation of spl. 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 regarding this request. Since the request is not medically necessary, this IMR reviewer recommends non-certification at this time.

Associated service: Orthotic management/training: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings: Otolaryngology Head and neck surgery, 4th ed., Mosby, inc pp 1565-1568.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome.

Decision rationale: Records reviewed indicate that this patient has been diagnosed with moderate articular cartilage disorder with reduction in early opening with moderate synovitis/tenosynovitis of the TMJ's with crepitus involvement moderate capsulitis of the TMJ's and moderate TMJ strain and myofascial pain dysfunction. Per reference mentioned above, "In addition to the initial explanation, the patient is counseled regarding home therapy. Counseling includes recommendations about avoidance of clenching and grinding of the teeth; eating a soft, nonchew diet; use of moist heat on, and massage of, the masticatory muscles; and limitation of jaw motion." Therefore, this reviewer finds this request for orthotic management/training medically necessary to properly treat this patient's TMJ condition.

