

Case Number:	CM15-0079378		
Date Assigned:	04/30/2015	Date of Injury:	06/27/2014
Decision Date:	06/01/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	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 58 year old male who sustained an industrial injury on 06/27/2014. The injured worker was hit in the face with a bucket. Diagnoses include tooth # 25 broken, # 26 is missing and # 24 is fractured. In addition, he has radiculopathy right C5-6. Treatment to date has included diagnostic studies, physical therapy, epidural steroid injections, and medications. A dental progress note dated 03/05/2015 documents the injured worker has generalized bone loss due to periodontal disease. He has 1/1 crown to root ration for tooth #24. In order to make a bridge that has a better prognosis, we need to include tooth # 23 as an additional abutment for the bridge. Therefore, the abutments of this bridge will be Teeth # 23, 24, and 27 with pontics being teeth # 25 and 26. Treatment requested is for additional abutment number 23 to bridge for better prognosis. UR dentist has inquired regarding whether or not the periodontal condition is stable or has been treated with no response from the requesting dentist. UR dentist has denied this request stating placement of a fixed prosthesis in the presence of untreated periodontal disease is below the standard of care. Requesting dentist is planning to add tooth #23 to the bridge for a better prognosis. Requesting dentist states due to the short root on tooth 24, adding tooth 23 will make the bridge more sturdy/stable and most likely increase the longevity of the restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional abutment number 23 to bridge for better prognosis: 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), Head Chapter, Dental trauma treatment (facial fractures).

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) Recommended. Trauma to the oral region occurs frequently and comprise 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. 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.

Decision rationale: Records reviewed indicate that this patient's tooth #24 has a short root. Treating dentist is requesting additional abutment tooth 23 to bridge for more sturdy/stability and more likely to increase the longevity of the restoration. Dentist in his letter dated 03/05/15 states patient has generalized bone loss due to periodontal disease and 1/1 crown to root ration for tooth #24 and in order to make a bridge that has a better prognosis to include tooth #23 as an additional abutment for the bridge. He recommends abutments for bridge to be teeth #23, 24 and 27 with pontics being teeth #25 and 26. Per medical reference mentioned above, "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 additional abutment number 23 to bridge medically necessary for better prognosis of the restoration.