

Case Number:	CM15-0094757		
Date Assigned:	05/20/2015	Date of Injury:	02/28/2010
Decision Date:	06/26/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/15/2015

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 55 year old female who reported an industrial injury on 2/28/2010. Her diagnoses, and/or impressions, are noted to include: bilateral knee osteoarthritis; trauma to teeth, due to probable industrial bruxism; decay of teeth #: 5, 6, 8, 9, 10 & 11, due to Xerostomia and/or gastro-esophageal reflux disease (GERD). No dental imaging studies were noted. Her treatments have included orthopedic and pain interventions; and dental evaluation. The Dental supplemental report of 3/18/2015 noted the injured worker presenting for care treatment of industrially aggravated Periodontal Disease, consisting of periodontal scaling of all four quadrants in the mouth. The objective findings were noted to include fractured teeth #21 & #25, believed to be caused by objectively verified bruxism; decayed teeth #: 5, 8, 9, 10 & 11, believed to be due to his industrially related Xerostomia; and noted objective clinical findings of bruxism. The physician's requests for treatments were noted to include dental work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental work: 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, 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 this patient has decay of teeth #: 5, 6, 8, 9, 10 & 11, due to Xerostomia and/or gastro-esophageal reflux disease (GERD). However, this IMR request is for a non-specific "dental work". This reviewer is not clear on what kind of dental work the provider is requesting. There are insufficient documentation in the records provided. Absent further detailed documentation and clear rationale on type of dental work, 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 IMR reviewer recommends non-certification at this time. Therefore, the requested medical treatment is not medically necessary.