

Case Number:	CM15-0097022		
Date Assigned:	05/27/2015	Date of Injury:	07/28/1999
Decision Date:	06/30/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	05/19/2015

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 48 year old female, who sustained an industrial/work injury on 7/28/99. She reported initial complaints of damaged teeth due to use of fentanyl lollipops. The injured worker was diagnosed as having failing maxillary/mandibular teeth. Treatment to date has included diagnostic testing, surgery-prosthetic upper and lower implant (adin implant on 10/31/14). Currently, the injured worker complains of damaged teeth. Per the dental evaluation, it is noted the need for restorative dental work (2013). Several documents within the submitted medical records were difficult to decipher /lacked descriptive information. Current plan of care included completion of infected restorative dental implants. The requested treatments include completion of Restorative Dental Work (Broken/exposed/infected dental implants).

IMR ISSUES, DECISIONS AND RATIONALES

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

Completion of Restorative Dental Work (Broken/exposed/infected 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: Records reviewed indicate that this patient has damaged teeth due to use of fentanyl lollipops. The injured worker was diagnosed as having failing maxillary/mandibular teeth. The treating dentist is requesting completion of restorative dental work, however it is not clear to this reviewer the specific restoration needed and to which teeth. There is insufficient documentation from the dentist to medically justify this vague and non-specific request. Absent detailed documentation for a specific request, the medical necessity for this vague restorative dental work 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, this request is not medically necessary.