MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 10/17/2013

Employee:	
Claim Number:	
Date of UR Decision:	5/30/2013
Date of Injury:	4/24/2013
IMR Application Received:	6/5/2013
MAXIMUS Case Number:	CM13-0000571

1) MAXIMUS Federal Services, Inc. has determined the request for multiple dental procedures; root canal, extraction, bridge, bone graft, post BUP, and biopure **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/5/2013 disputing the Utilization Review Denial dated 5/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. A decision has been made for each of the treatment and/or services that were in dispute:

1) MAXIMUS Federal Services, Inc. has determined the request for multiple dental procedures; root canal, extraction, bridge, bone graft, post BUP, and biopure **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:
The Expert Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is licensed in Dental Surgery, and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:
Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 30, 2013:

"According to the medical records, the patient is 67 year old female who sustained an industrial injury on April 24, 2013. The patient reportedly fell and struck the right side of her face on the ground. She noticed bruises and abrasions on the knees and elbows. A May 7, 2013 Doctor's First Report notes that the patient had been to see the dentist. She reported that the x-rays were fine and she was given pain medications. Examination revealed negative tenderness to the zygomatic arches bilaterally, negative tenderness at the TTMJ bilaterally, normal bite, and no malocclusion. She was released to return to work without restriction.
According to a May 16, 2013 request for authorization, the dentist has requested root canal, extraction, bridge, bone graft, post BUP, and Blopure, An attached a letter is handwritten and somewhat difficult to read due to poor copy quality. However, it appears to note that the patient fell and hit her front teeth. She was found to have fracture tooth #8which is an abutment holding a bridge on her teeth all the way to tooth #11. The tooth was fractured at the root level which led to a periodontal abscess, clinically evident now and this makes the tooth no restorable. The recommended treatment included taking her zirconium bridge out, extracting the fractured tooth root surgically and clear the socket to prevent label plate collapse and have support on mesial side of neighboring tooth which will be incorporated as an abutment for the new bridge extending from tooth #6 to tooth #11. The patient was advised that there was a high possibility that they will do a root canal and build up on #11 if there is evidence of radiolucency at the apex of the tooth on the radiograph. After taking the bridge out, the dentist will be able to confirm that there is no further damage on #11 and it can be used as the abutment after root canal, post and build up."

Documents Reviewed for Determination:
The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 06/05/2013)
- Utilization Review Determination from [redacted] (dated 05/30/2013)
- Employee Medical Records from [redacted]
- Medical treatment Utilization Schedule (MTUS)

1) **Regarding the request for multiple dental procedures; root canal, extraction, bridge, bone graft, post BUP, and biopure:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator did not cite any evidence-based guidelines. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Official Disability Guidelines, Head chapter, dental trauma section, which is not part of the Medical Treatment Utilization Schedule (MTUS), and other evidence-based literature as below:

1. Flores MT, Andersson L, Andreasen JO, et al. Guidelines for the management of traumatic dental injuries. I. Fractures and luxations of permanent teeth. *Dent Traumatol* 2007;23:66-71.
2. Diangelis AJ, Andreasen JO, Ebeleseder KA, et al. International Association of Dental Traumatology guidelines for the management of traumatic dental injuries: 1. Fractures and luxations of permanent teeth. *Dent Traumatol* 2012;28:2-12.
3. Brullmann D, Schulze RK, d'Hoedt B. The treatment of anterior dental trauma. *Deutsches Arzteblatt international* 2010;108:565-570.

Rationale for the Decision:
The employee sustained a work-related injury on 05/30/13 resulting in right side facial injury causing fracture tooth leading to periodontal abscess. The medical records provided for review indicate treatments have included dental examination. The request is for multiple dental procedures; root canal, extraction, bridge, bone graft, post BUP, and biopure.

The Official Disability guidelines state when teeth are fractured they may no longer provide sufficient retention for a crown without substantial removal of bone and gum tissue through a crown lengthening process which would create a deformity in the area of the anterior maxilla. In this case, the decision to extract the fractured abutment tooth #8 necessitates replacement with a dental implant, fixed partial denture or removable partial denture. Since there has already been an existing fixed partial denture, the employee can be easily transitioned into a new prosthesis that incorporates teeth #6 and 7 as well as repairing the endodontic needs of the abutment tooth #11, and after root canal therapy there is typically the need for a buildup as requested. The utilization of the bone graft will maintain the edentulous ridge dimensions in the edentulous zone and hence improve the pontic site of the fixed partial denture. The request for multiple dental

procedures; root canal, extraction, bridge, bone graft, post BUP, and biopure **is medically necessary and appropriate.**

Effect of the Decision:
The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/hs

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