
Independent Medical Review Final Determination Letter

1446

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/26/2013

IMR Case Number:	CM13-0019435	Date of Injury:	01/29/2010
Claims Number:	[REDACTED]	UR Denial Date:	08/26/2013
Priority:	STANDARD	Application Received:	09/03/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE SEE PAGE 2 ATTACHMENT			

DEAR [REDACTED] ,

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

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. The expert reviewer is Board Certified in Dentistry, Periodontics 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 physician 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/services.

DOCUMENTS REVIEWED

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

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient, [REDACTED], suffered an industrial accident on 1/29/10. Currently there is an appeal for the therapy of crown-porcelain/ceramic substitute and crown buildup, including any pin for #7, 10, 23, and crown-porcelain/ceramic #26. Reviewed records of previous denial, requests for therapy, sleep study results, history of trauma, psychiatric evaluation, physiotherapy records, and non-diagnostic panoramic radiograph dated 8/27/12. There are no clinical notes regarding #7, 10, 23, nor 26 describing their condition, diagnosis, nor a rationale for any therapy for those teeth.

IMR DECISION(S) AND RATIONALE(S)

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

1. The request for a crown-porcelain/ceramic substitute and crown build up, including any pin for tooth #7 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), TWC Head Procedure Summary, which is not part of the MTUS.

The Physician Reviewer based his/her decision on: The MTUS does not address the disputed issues, and an alternative guideline could not be applied due to the lack of sufficient clinical information from the treating physician.

The Physician Reviewer's decision rationale:
IS NOT MEDICALLY NECESSARY.

There are no clinical notes describing the condition of the tooth, no documentation of any diagnosis or rationale for therapy.

2. Crown-porcelain/ceramic substitute, and crown, build up, including any pin for tooth #10 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), TWC Head Procedure Summary, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the The MTUS does not address the disputed issues, and an alternative guideline could not be applied due to the lack of sufficient clinical information from the treating physician.

The Physician Reviewer's decision rationale:
IS NOT MEDICALLY NECESSARY.

There are no clinical notes describing the condition of the tooth, no documentation of any diagnosis or rationale for therapy.

3. Crown-porcelain/ceramic substitute, and crown build up, including any pin for tooth #23 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), TWC Head Procedure Summary, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the The MTUS does not address the disputed issues, and an alternative guideline could not be applied due to the lack of sufficient clinical information from the treating physician.

The Physician Reviewer's decision rationale:
IS NOT MEDICALLY NECESSARY.

There are no clinical notes describing the condition of the tooth, no documentation of any diagnosis or rationale for therapy.

4. Crown-porcelain/ceramic substitute for tooth #26 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), TWC Head Procedure Summary, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the The MTUS does not address the disputed issues, and an alternative guideline could not be applied due to the lack of sufficient clinical information from the treating physician.

The Physician Reviewer's decision rationale:
IS NOT MEDICALLY NECESSARY.

There are no clinical notes describing the condition of the tooth, no documentation of any diagnosis or rationale for therapy.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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