

Case Number:	CM14-0147893		
Date Assigned:	09/15/2014	Date of Injury:	05/21/2014
Decision Date:	10/07/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/11/2014

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 a licensed Doctor of Medical Dentistry 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

Records reviewed indicate that this is 64-year-old individual who sustained an injury on 05/21/14 when the patient tripped over a child and fell on face. Panoramic dental x-ray dated 07/29/14 documented tooth number 30 fracture. It was noted that the patient no longer able to wear lower partial denture due to lack of retention on tooth number 30 fracture. Provider Initial Assessment dated 07/14/14 documented that the patient's lower right molar was fractured during a fall which caused the lower partial denture to no longer fit due to fractured anchor tooth. Provider is requesting crown - porcelain fused to high noble metal tooth number 30. post and core tooth number 30. endodontic therapy. molar (excluding final restoration tooth number 30). mandibular partial denture - resin base tooth number 30, UR dentist report dated 08/18/14 states: The medical records submitted have been reviewed. A panoramic radiograph dated 7/29/14 was submitted. There is no obvious fracture visible and there is no detailed description from the clinical notes to the extent of the fracture. The need for a root canal and a crown has not been established. The proposed treatment plan seems reasonable, but without additional clinical information the treatment plan is denied at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Crown porcelain fused to high noble metal tooth #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Dental Trauma Treatment (facial fractures)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head

Decision rationale: ODG head cited above states that: "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. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker." Based on the findings of the treating dentist mentioned above, (fractured tooth #30), this IMR reviewer finds this dental request for Crown porcelain fused to high noble metal tooth #30 to be medically necessary.

Endodontic therapy, molar (excluding final restoration tooth #30): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Dental Trauma Treatment (facial fractures)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head

Decision rationale: ODG head cited above states that: "If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration." Based on the findings of the treating dentist mentioned above, (fractured tooth #30), this IMR reviewer finds this dental request for Endodontic therapy tooth #30 to be medically necessary.

Mandibular partial denture - resin base tooth #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Dental Trauma Treatment (facial fractures)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head

Decision rationale: ODG head cited above states that: "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. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker." Since patient is no longer able

to wear lower partial denture due to lack of retention on tooth number 30 fracture this IMR reviewer finds this request for a mandibular partial denture to be medically necessary.

Post and core tooth #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Dental Trauma Treatment (facial fractures)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head

Decision rationale: Since Endodontic therapy and crown have been found to be medically necessary, then Post and Core tooth #30 is medically necessary.