

Case Number:	CM13-0002144		
Date Assigned:	01/22/2014	Date of Injury:	09/11/1995
Decision Date:	04/22/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/19/2013

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 and is licensed to practice in Texas. 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:

The patient is a 68-year-old female who reported an injury on 09/11/1995. The patient was diagnosed with bruxism and clenching; cephalgia; chronic periapical periodontitis; chronic periodontitis, generalized; degenerative osteoarthritis of the bilateral TM joints; capsulitis of the bilateral TM joints; myalgia of the muscles of mastication and cervical musculature; fractured teeth; dental caries and xerostomia. The patient was seen by [REDACTED] on 07/24/2013. The patient stated that her last visit to the dentist was approximately 10 years ago. An initial periodontal examination revealed severe generalized inflammation, generalized plaque, bleeding upon probing, heavy supra and subgingival calculus deposits with poor oral hygiene. There was generalized periodontal pocketing, generalized recession and moderate to severe generalized periodontal bone loss. The patient had mild dryness of the mouth, lips and buccal mucosa. Treatment recommendations included removal of the patient's remaining maxillary and mandibular dentition and placement of maxillary and mandibular all-on-4 fixed hybrid prosthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed tomography (CT) scan of the maxilla: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Periodontology and www.aetna.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, CT (computed tomography).

Decision rationale: The Expert Reviewer's decision rationale: The Official Disability Guidelines state that CT scans may be used to follow identified pathology or screen for late pathology. As per the clinical notes submitted, the current request is for a CT scan prior to a surgical procedure to establish whether the patient requires bone grafting. However, in this case, the documentation submitted for review does not justify the surgical procedure requested. Therefore, the requested CT scan is also not medically necessary. Therefore, the request is non-certified.

Computed tomography (CT) scan of the mandible: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Periodontology and www.aetna.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, CT (computed tomography).

Decision rationale: The Expert Reviewer's decision rationale: The Official Disability Guidelines state that CT scans may be used to follow identified pathology or screen for late pathology. As per the clinical notes submitted, the current request is for a CT scan prior to a surgical procedure to establish whether the patient requires bone grafting. However, in this case, the documentation submitted for review does not justify the surgical procedure requested. Therefore, the requested CT scan is also not medically necessary. Therefore, the request is non-certified.

Removal of remaining maxillary and mandibular dentition and replacement of maxillary, mandibular All-on-4 fixed hybrid prostheses: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Periodontology and www.aetna.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Dental Trauma Treatment and Anthem Medical Policy. Mandibular/Maxillary (Orthognathic) Surgery.

Decision rationale: The Expert Reviewer's decision rationale: Mandibular or maxillary surgery is considered medically necessary to treat a significant physical functional impairment when the procedure can be reasonably expected to improve physical functional impairment. In this case, the documentation submitted for review does not justify a full mouth extraction. There was no evidence of dysphagia, speech abnormality, masticatory dysfunction or malocclusion. The

patient also has a history of poor follow-up and poor oral hygiene. Therefore, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

Intravenous conscious sedation and nitrous oxide analgesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Periodontology and www.aetna.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Dental Trauma Treatment and Anthem Medical Policy. Mandibular/Maxillary (Orthognathic) Surgery.

Decision rationale: The Expert Reviewer's decision rationale: As the patient's surgical procedure has not been authorized, the current request is not medically necessary. Therefore, the request is non-certified.

Purchase of Water PIK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Periodontology and www.aetna.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Dental Trauma.

Decision rationale: The Expert Reviewer's decision rationale: The Official Disability Guidelines state that durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Given the patient's history of poor dental follow-up and periodontal care, the current request cannot be determined as medically appropriate. The medical necessity of a Waterpik has not been established. As such, the request is non-certified.