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| <b>Case Number:</b>   | CM13-0014050 |                              |            |
| <b>Date Assigned:</b> | 03/10/2014   | <b>Date of Injury:</b>       | 08/28/2007 |
| <b>Decision Date:</b> | 07/14/2014   | <b>UR Denial Date:</b>       | 08/05/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/20/2013 |

### 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 licensed in 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:

Based on [REDACTED] report dated 07/31/2012, the patient had an industrial related injury dated 11/01/2006. [REDACTED] has found that patient has missing teeth #1,2,3,4,5,7,8,9,10,11, 14,15,16,17,18,19,29,30; fractured teeth # 23,24,25,26,27; Decayed teeth #20 and 21; Retained root tips #20 and 31. This patient is diagnosed with traumatic injury to the teeth, mandible, face; bruxism/clenching and grinding of the teeth; Xerostomia; Myofascial pain of the facial musculature; Internal derangements osteoarthritis of the TMJ discs; Aggravated periodontal disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROVISIONAL CROWN TOOTH #3, 5, 6, 7, 10, 11, 12, 14, 19, 20, 22, 24, 26, 27, 29, 30:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pub Med. Reference: J Calif Dent Assoc. 2008 Apr; 36(4):261-7. Provisional restorations: a key determinant for implant site development. Conte GJ1, Fagan MC, Kao RT.

**Decision rationale:** Based on the clinical evaluation by the treating physician, the injured worker has pathology at the teeth listed above. A good option for treatment is the proposed provisional crowns, which are recommended in the cited guidelines. The provisional crowns are therefore medically necessary.

**CUSTOM ABUTMENT TOOTH #3, 5, 6, 7, 10, 11, 12, 14, 19, 20, 22, 24, 26, 27, 29, 30:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insert Section (for example Knee), ODG Head(updated 06/04/13) Dental trauma treatment (facial fractures).

**Decision rationale:** The abutment may be necessary because it is the link that holds crown and bridges to the fixture (implant). However, there is no need for customized abutments if the implants are placed correctly.

**PANORAMIC FILM:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Indian J Dent Res. 2011 Mar-Apr;22(2):219-24 A comparative evaluation of film and digital panoramic radiographs in the assessment of position and morphology of impacted mandibular third molars. Mahesh MS1, Mahima VG, Patil K.

**Decision rationale:** According to the above mentioned reference from Pub Med, conventional film-based panoramic radiographs and digital PSP-based panoramic radiographs were comparable in their accuracy in the preoperative study of impacted mandibular third molar with regard to impaction status, tooth position, number of roots, and proximity to the mandibular canal. Digital PSP-based panoramic radiographs were more accurate than conventional film-based panoramic radiographs in the assessment of root morphology of impacted mandibular third molars. Hence, it is concluded that digital PSP-based panoramic radiographs can be used as an effective alternative to conventional film-based panoramic radiographs for assessment of position and morphology of impacted mandibular third molars. Therefore, a panoramic film is medically necessary, provided that it not be done in conjunction with a cone-beam scan.