

Case Number:	CM13-0016092		
Date Assigned:	07/02/2014	Date of Injury:	12/04/2004
Decision Date:	08/18/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/23/2013

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 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:

This IMR reviewer would like to indicate that there were no dental exam reports by a treating dentist that were included in the records provided. There were only two separate UR dentist reports that were included in the records, which had reviewed other treating dentist's reports, dental QME reports and AME reports. But none of the treating dentist reports or QME/AME actual reports were provided to this IMR reviewer. One UR dentist [REDACTED] notes on page 4 of his UR report that the claimant has had several dental AME reports. But none of these AME/QME dental reports were provided to this IMR reviewer. This IMR reviewer had to go only by what the other 2 UR dentists had reviewed on their reports. Records review indicates that this is a 60-year-old male patient who sustained an injury on December 4, 2004 when patient's left index finger got stuck in a machine and the finger was pulled. The reviewed UR reports reveal that this patient's industrial injury resulted in a chronic habit of teeth grinding/jaw clenching (bruxism) as a response to the chronic orthopedic pain and psychological difficulties. He also displays dry mouth/xerostomia from the side effect of industrial medications that have been prescribed for them. First UR report dated August 15, 2013 by [REDACTED], reviews the consultation report by the requesting dentist [REDACTED] dated October 5, 2012. The claimant has missing multiple upper and lower teeth. There is evidence of wear due to bruxism. There are multiple hairline fractures in the upper anterior teeth due to bruxism. There is also evidence of wear pattern on occlusal surface of molars due to bruxism. The claimant has clicking/grinding noise in the right TMJ (temporomandibular joint). The claimant has TMJ trauma due to bruxism. Hairline fracture of teeth #7, 8, 9, and 10 due to bruxism. The claimant is also missing teeth due to cervical decay secondary to dry mouth. There are missing teeth #3, 13,14, 15,23, 24,25 and 30 due to cervical decay which is secondary to xerostomia. The provider recommends abutment porcelain high noble tooth #4, pontic porcelain high noble tooth #5,

porcelain crown for teeth #7,8,9 and 10, implants for teeth #13,14 and 15 with implant abutment and crown replacement, a three unit bridge from #3-5, a six unit bridge from #22-27 and three unit bridge from number #29-31, teeth number 22-27 is replaced due to defective restorations, and a TMJ appliance to stop occlusal wear from bruxism. Ur Dentist [REDACTED] has denied these request due to Most recent record submitted for review is over 10 months old. There is no documentation of the claimant's current dental complaints and findings. Absent further detailed documentation and the claimant's current dental status, the medical necessity for the proposed dental procedure is not established. A second separate UR report dated June 30, 2013 by [REDACTED], reviews the Complex Dental and Craniofacial Qualified Medical Re-Evaluation dated 06/27/12 in this report examination of the intraoral reveals class I malocclusion with a 0.5 mm overjet, minor abfractions noted on teeth #28 and #29, moderate to severe abnormal occlusal wear with evidence of accelerated teeth wear on the anterior teeth, exostosis was noted in the lingual molar areas, periodontal pockets of 5-6mm, teeth #: 2,17,18,19,31,32, periodontal pockets of 4mm, teeth # 3,20, rest of the teeth had periodontal pockets of 3mm or less, mobile teeth # 17,18,26,31 had a +1.0 mobility, bleeding upon probing: teeth # 2,3,17,18,19,31,32, moderate level of plaques and supra and subgingival calculus, 1 to 2 mm of gum recession noted on many of the teeth, slight to moderate periodontitis condition that was considered to be within normal variation for the age group being 58-years-old, diagnostic study models showed a class I malocclusion with many teeth missing, missing teeth: #4,13,14,15,16,23,24,25,30, no fractures noted on the teeth, slight to moderate and even some severe occlusal wear that was noted on the anterior and posterior teeth. This amount of wear would be considered to be abnormal for the patient's age group. This would also indicate that the patient had a prior bruxism condition which had been going on for decades. Modified Schirmer test showed the patient had a 30 mm rise in the blue dye at about two minutes and 30 seconds. Normal was considered 30 mm, or more within three minutes. The patient also had a pH of 6.3 which was considered mildly acidic. The objective findings confirmed that the patient only had a mild xerostomia. Future medical care included stable lower partial to be made to replace the lower extracted teeth, restore the teeth to patient's pre-work injury dental condition , complete salivary evaluation done every six months in order to evaluated the teeth and gum condition and to see if the xerostomia was getting worse or better, gingival treatment, fluoride, saliva substitutes, the use of WaterPik to use twice a day to reduce effects of xerostomia, medications, jaw/TMJ/Bruxism appliance therapy and oral sleep appliance. In Dental standpoint, Patient was diagnosed with mild xerostomia, slight to moderate periodontitis with a past severe periodontitis, and dislocation/internal derangement in the right TMJ.

IMR ISSUES, DECISIONS AND RATIONALES

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

An occlusal guard: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Regence Group Dental Policy Topic: Occlusal Guard Last Review Date: 1/2003 Section Adjunctive General Services Policy #59 1/2003 Cummings: Otolaryngology Head and Neck Surgery 4th ed, Mosby Inc Page 1565-1568 Treatment Of TMJ Myofascial Pain Dysfunction Syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bruxism Management , Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA. Appliance Therapy" Appliance therapy has been extensively studied from 1966 to the present day, and several extensive reviews have been published in the last 10 years. Occlusal splints are generally appreciated to prevent tooth wear and injury and perhaps reduce night time clenching or grinding behavior rather than altering a causative malocclusion. In addition, they are unlikely to significantly reducing nocturnal behavior."

Decision rationale: According to the medical reference stated above, appliance therapy has been extensively studied from 1966 to the present day, and several extensive reviews have been published in the last ten years. Occlusal splints are generally appreciated to prevent tooth wear and injury and perhaps reduce night time clenching or grinding behavior rather than altering a causative malocclusion. In addition, they are unlikely to significantly reducing nocturnal behavior. Since this patient was found to have severe occlusal wear, the Occlusal guard is found to be medically necessary to prevent further tooth wear and injury to this patient. The request for an occlusal guard is medically necessary and appropriate.

Abutment porcelain high tooth #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head Procedure Summary Dental Trauma treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Head(updated 06/04/13) Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprise 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. 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. 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. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. Rather than resting on the gum line like removable dentures, or using adjacent teeth as anchors like fixed bridges, dental implants are long-term replacements. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. The placement of dental implants can have deleterious effects on

the growing alveolar process, and it is necessary to delay implant reconstruction until the cessation of skeletal or alveolar growth. In situations where replacement of the tooth is accomplished by dental implants, the dental crown is also included.

Decision rationale: After reviewing the Intraoral exam findings of the two evaluating Dentists mentioned above (from the two UR reports provided), and the medical reference cited above, this IMR reviewer finds this specific dental request not medically necessary. Per QME findings documented by UR dentist [REDACTED], Tooth #4 is a missing tooth, and therefore it cannot act as an abutment for the bridge from #3-5. The request for an abutment porcelain high tooth #4 is not medically necessary or appropriate.

Pontic porcelain high noble tooth #5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head Procedure Summary Dental Trauma treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Head(updated 06/04/13) Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprise 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. 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. 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. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. Rather than resting on the gum line like removable dentures, or using adjacent teeth as anchors like fixed bridges, dental implants are long-term replacements. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. The placement of dental implants can have deleterious effects on the growing alveolar process, and it is necessary to delay implant reconstruction until the cessation of skeletal or alveolar growth. In situations where replacement of the tooth is accomplished by dental implants, the dental crown is also included.

Decision rationale: After reviewing the Intraoral exam findings of the 2 evaluating Dentists mentioned above (from the 2 UR reports provided), and the medical reference cited above, this IMR reviewer finds this specific dental request not medically necessary. Per QME findings

documented by UR dentist [REDACTED], Tooth #5 is not a missing tooth, and therefore it cannot act as a pontic for the bridge from #3-5. The request for a pontic porcelain high noble tooth #5 is not medically necessary or appropriate.

Porcelain crown for tooth #8: 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 Procedure Summary Dental Trauma treatment.

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

Decision rationale: According to the ODG, 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. It has been found that teeth #7,8,9,10 have hairline fractures and severe occlusal wear due to bruxism. Therefore, the request for a porcelain crown for tooth #8 is medically necessary and appropriate.

Porcelain crown for tooth #9: 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 Procedure Summary Dental Trauma treatment.

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

Decision rationale: According to the ODG, 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. It has been found that teeth #7,8,9,10 have hairline fractures and severe occlusal wear due to bruxism. Therefore, the request for a porcelain crown for tooth #9 is medically necessary and appropriate.

Porcelain crown for tooth #7: 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 Procedure Summary Dental Trauma treatment.

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

Decision rationale: According to the ODG, 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. It has been found that teeth #7,8,9,10 have hairline fractures and severe occlusal wear due to bruxism. Therefore, the request for a porcelain crown for tooth #7 is medically necessary and appropriate.

Porcelain crown for tooth #10: 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 Procedure Summary Dental Trauma treatment.

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

Decision rationale: According to the ODG, 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. It has been found that teeth #7,8,9,10 have hairline fractures and severe occlusal wear due to bruxism. Therefore, the request for a porcelain crown for tooth #10 is medically necessary and appropriate.

Surgical placement of endosteal tooth #13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head Procedure Summary Dental Trauma treatment.

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

Head(updated 06/04/13) Dental trauma treatment (facial fractures)"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."

Decision rationale: According to the ODG guidelines, implants should be placed to replace teeth that are missing. 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. Therefore, the request for Surgical placement of endosteal tooth #13 is medically necessary and appropriate.

Abutment for custom tooth #13: 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 Procedure Summary Dental Trauma treatment.

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

Decision rationale: According to the ODG, implants should be placed to replace teeth that are missing. 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. Therefore, since Implant #13 is medically necessary, then an abutment for the implant is also medically necessary. The request for the abutment for custom tooth #13 is medically necessary and appropriate.

Surgical placement of endosteal tooth #14: 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 Procedure Summary Dental Trauma treatment.

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

Decision rationale: According to the ODG guidelines, implants should be placed to replace teeth that are missing. 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. Therefore, the request for Surgical placement of endosteal tooth #14 is medically necessary and appropriate.

Abutment for custom tooth #14: 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 Procedure Summary Dental Trauma treatment.

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

Decision rationale: According to the ODG, implants should be placed to replace teeth that are missing. 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. Therefore, since Implant #14 is medically necessary, then an abutment for the implant is also medically necessary. The request for the abutment for custom tooth #14 is medically necessary and appropriate.

Surgical placement of endosteal tooth #15: 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 Procedure Summary Dental Trauma treatment.

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

Decision rationale: According to the ODG guidelines, implants should be placed to replace teeth that are missing. 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. Therefore, the request for Surgical placement of endosteal tooth #15 is medically necessary and appropriate.

Abutment for custom tooth #15: 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 Procedure Summary Dental Trauma treatment.

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

Decision rationale: According to the ODG, implants should be placed to replace teeth that are missing. 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. Therefore, since Implant #15 is medically necessary, then an abutment for the implant is also medically necessary. The request for the abutment for custom tooth #15 is medically necessary and appropriate.

Abutment for porcelain high tooth #22: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head Procedure Summary Dental Trauma treatment.

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

Decision rationale: According to the ODG, 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. Since #26 has been found to have +1 mobility with guarded prognosis, and therefore #26 cannot serve as a abutment for the proposed bridge #22-27, abutment porcelain high noble #22 is not medically necessary. The request for an abutment for porcelain high tooth #22 is not medically necessary or appropriate.

Pontic porcelain high noble tooth #23: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head Procedure Summary Dental Trauma treatment.

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

Decision rationale: According to the ODG, 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. Since #26 has been found to have +1 mobility with guarded prognosis, and therefore #26 cannot serve as a abutment for the proposed bridge #22-27, abutment porcelain high noble #22 is not medically necessary. The request for an Pontic porcelain high noble tooth #23 is not medically necessary or appropriate.