

Case Number:	CM13-0019150		
Date Assigned:	12/27/2013	Date of Injury:	10/01/2001
Decision Date:	03/06/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 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. 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 reported an injury on 10/01/2001 due to a fall that caused injury to the patient's dental structures. The patient ultimately lost an upper right front tooth #5 and tooth #10. The clinical documentation indicates that the patient is unable to properly provide oral hygiene due to hand numbness. The patient's treatment plan included implants to be restored with crowns to replace those 2 teeth, #5 and #10, with subsequent bone grafts and implants at #5 and #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

bone grafts and implants #5 and #10: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/1_99/0082.html

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 (facial fractures)

Decision rationale: The requested subsequent bone grafts and implants #5 and 10 are medically necessary and appropriate. The Official Disability Guidelines state, "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. ... in situations where replacement of the tooth is accomplished by dental implants, the dental crown is also included." The clinical documentation submitted for review does provide evidence that the patient lost tooth #5 and tooth #10 due to a fall related to the patient's compensable injury. Therefore, replacement would be indicated. The clinical documentation submitted for review does indicate that the requesting physician will use implants made of titanium that will not decay due to the patient's inability to perform oral hygiene. As such, the requested subsequent bone grafts and implants #5 and 10 are medically necessary and appropriate.