

<b>Case Number:</b>	CM13-0025238		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	09/11/1995
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 expert reviewer is a Licensed Doctor of Dental Surgery (DDS), and has a subspecialty in Periodontics and Surgical Implants 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 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, [REDACTED], born [REDACTED], suffered a work related injury on 9/11/95. The patient has since been taking multiple pain medications and suffers from an apparent reduction in salivary flow according to examination. Chronic pain MTUS does not specifically address any of the requests being reviewed. The patient has had long breaks in her dental treatment as long as 10 years. Radiographic and clinical examination shows multiple teeth with caries. There is also clinical evidence of chipping of the anterior teeth as well as edentulous areas. There have been previous denials of the requested therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan tomography of the maxilla:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Comprehensive periodontial therapy: a statement by the American Academy of Periodontology 2011.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harris D, Horner K, Grondahl K, Jacobs R, Helmrot E, Benic GI, et al. E.A.O. guidelines for the use of diagnostic imaging in implant dentistry 2011. A

consensus workshop organized by the European Association for Osseointegration at the Medical University of Warsaw

**Decision rationale:** As the patient has edentulous areas within the mouth it is the standard of care to obtain a CT scan in order to properly plan the implant positions and avoid the involvement of anatomy that may lead to post operative complications.

**CT tomography of the mandible:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive periodontal therapy: a statement by the American Academy of Periodontology 2011

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harris D, Horner K, Grondahl K, Jacobs R, Helmrot E, Benic GI, et al. E.A.O. guidelines for the use of diagnostic imaging in implant dentistry 2011. A consensus workshop organized by the European Association for Osseointegration at the Medical University of Warsaw

**Decision rationale:** As the patient has edentulous areas within the mouth it is the standard of care to obtain a CT scan in order to properly plan the implant positions and avoid the involvement of anatomy that may lead to post operative complications.

**Removal of remaining maxillary and mandibular dentition and replacement of maxillary, mandibular All-On-4 fixed hybrid prosthesis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor-Tooth Extraction.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Yamazaki S, Arakawa H, Maekawa K, Noda K, Hara ES, Minakuchi H, et al. A retrospective comparative 8-year study of cumulative complications in teeth adjacent to both natural and implant-supported fixed partial dentures. The International journal of prosthodontics

**Decision rationale:** The patient has multiple remaining teeth that have no history of restorations and minimal evidence of bone loss nor peri-apical pathosis. There has yet to be an attempt at caries cleanout, restorability check, nor endodontic therapy for the teeth that do have carious involvement. The radiographic bone levels on teeth 4,6,7,8,9,10,11,12,13,14,19, and 21-29 show mild to moderate bone loss. There are no clinical probing depths to indicate a loss of the periodontium to necessitate extraction for periodontal reasons. Therefore the remaining dentition should be retained and restored. Edentulous areas or teeth that have been deemed non restorable after caries cleanout should be replaced with implants once a rationale has been established for each tooth to be extracted. Currently there is insufficient evidence to support the extraction of the remaining dentition to be replaced with an implant retained prosthesis such as the "all on four" technique.

**Intravenous conscious sedation and nitrous oxide analgesia:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Deep Sedation/General Anesthesia and IV Sedation for Oral and Maxillofacial Surgery and Dental Services

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Coulthard P. The indicator of sedation need (IOSN). Dental update 2013;40(6):466-8, 70-1.

**Decision rationale:** As the patient will need extensive therapy and has difficulty, it is considered an appropriate option in the management of the patient's dental needs.

**Purchase of a night guard: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Obstructive Sleep Apnea Dental Policy Bulletin.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lobbezoo F, Brouwers JE, Cune MS, Naeije M. Dental implants in patients with bruxing habits. Journal of oral rehabilitation 2006;33(2):152-9.

**Decision rationale:** As the patient has documented clinical evidence of bruxism it is important to protect the remaining natural dentition as well as any of the future prosthesis.

**Purchase of a WaterPik is medically: 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 Gorur A, Lyle DM, Schaudinn C, Costerton JW. Biofilm removal with a dental water jet. Compendium of continuing education in dentistry 2009;30 Spec No 1:1-6.

**Decision rationale:** The patient will have multiple restorations and margins that will require additional hygiene aids to prevent the buildup of plaque and caries as a result. The utilization of a waterpik devices has shown to be of benefit when used in conjunction with a manual brush.