

Case Number:	CM13-0033421		
Date Assigned:	12/06/2013	Date of Injury:	07/11/2008
Decision Date:	02/07/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/09/2013

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 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 is a 30-year-old male who reported an injury on 07/11/2008. The patient is diagnosed with a dental injury. The patient was evaluated on 09/11/2013 by [REDACTED]. The patient presented with complaints of pain and swelling on the upper anterior teeth. The patient was treated in the emergency department previously for evaluation of dental abscess and pain. Examination findings included lingual decay at tooth No. 2, root canal and crown at tooth No. 3, missing tooth No. 4, broken DO amalgam filling with apical abscess at tooth No. 5, facial bone loss with apical abscess at teeth No. 6 and No. 7, crown with apical abscess with 1+ mobility at tooth No. 8, root canal, post and crown at tooth No. 9, broken filling at teeth No. 12 and No. 13, crown at tooth No. 14, recurrent decay under the filling at teeth No. 15 and No. 18, root canal with SSC crown at tooth No. 19, fracture of incisal angle at tooth No. 25, root canal with SSC crown at tooth No. 30, and recurrent decay under the filling at tooth No. 31. Treatment recommendations included root canal with post and crown at tooth No. 5, root canal with post build up and crown at tooth No. 8, and surgical extraction with bone grafting at teeth No. 6 and No. 7 in phase I. Treatment recommendations in phase II included SimPlant additional osteotomy at teeth No. 6, No. 7, and No. 4, as well as surgical implant placement at teeth No. 4, No. 6, and No. 7. Treatment recommendations in phase III included custom abutment to implant at tooth No. 4, tooth No. 6, and tooth No. 7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phase I tooth #6 surgical extraction, bone grafting with membrane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regence Group Dental Policy and aetna.com/cpb/dental/data/DCPB0009, last updated 7/12/2012

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.

Decision rationale: The Official Disability Guidelines state dental trauma treatment is recommended. The international association of dental traumatology has developed guidelines for the evaluation and management of traumatic dental injuries. The patient presents with evidence of infection, pain, and swelling with abscess noted at No. 5, No. 6, No. 7, and No. 8 with recurrent decay and broken fillings. It is noted that the patient was seen in 2009 for an initial evaluation with a dental provider. Documentation does not discuss the treatment and followup that has been provided since the 2009 evaluation. Given the poor followup to date, this may indicate a poor prognosis for restoration. The medical necessity of the requested restoration procedures is not established. There is also no indication that an occlusal appliance has been utilized in the past and given the absence of clinical findings supportive of the request, the medical necessity for the occlusive adjustment, appliance, and followup is not established. Based on the clinical information received, the request is non-certified.

Phase I tooth #7 surgical extraction, bone grafting with membrane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regence Group Dental Policy and aetna.com/cpb/dental/data/DCPB0009, last updated 7/12/2012

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.

Decision rationale: Official Disability Guidelines state dental trauma treatment is recommended. The international association of dental traumatology has developed guidelines for the evaluation and management of traumatic dental injuries. The patient presents with evidence of infection, pain, and swelling with abscess noted at No. 5, No. 6, No. 7, and No. 8 with recurrent decay and broken fillings. It is noted that the patient was seen in 2009 for an initial evaluation with a dental provider. Documentation does not discuss the treatment and followup that has been provided since the 2009 evaluation. Given the poor followup to date, this may indicate a poor prognosis for restoration. The medical necessity of the requested restoration procedures is not established. There is also no indication that an occlusal appliance has been utilized in the past and given the absence of clinical findings supportive of the request, the medical necessity for the occlusive adjustment, appliance, and followup is not established. Based on the clinical information received, the request is non-certified.

Phase I temporary restoration of missing teeth with treatment is in progress to maintain aesthetic: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regence Group Dental Policy and aetna.com/cpb/dental/data/DCPB0009, last updated 7/12/2012

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.

Decision rationale: Official Disability Guidelines state dental trauma treatment is recommended. The international association of dental traumatology has developed guidelines for the evaluation and management of traumatic dental injuries. The patient presents with evidence of infection, pain, and swelling with abscess noted at No. 5, No. 6, No. 7, and No. 8 with recurrent decay and broken fillings. It is noted that the patient was seen in 2009 for an initial evaluation with a dental provider. Documentation does not discuss the treatment and followup that has been provided since the 2009 evaluation. Given the poor followup to date, this may indicate a poor prognosis for restoration. The medical necessity of the requested restoration procedures is not established. There is also no indication that an occlusal appliance has been utilized in the past and given the absence of clinical findings supportive of the request, the medical necessity for the occlusive adjustment, appliance, and followup is not established. Based on the clinical information received, the request is non-certified.

Phase II reconstruction of a 3-dimensional image with cone beam computed tomography (CT) scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regence Group Dental Policy and aetna.com/cpb/dental/data/DCPB0009, last updated 7/12/2012

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.

Decision rationale: Official Disability Guidelines state dental trauma treatment is recommended. The international association of dental traumatology has developed guidelines for the evaluation and management of traumatic dental injuries. The patient presents with evidence of infection, pain, and swelling with abscess noted at No. 5, No. 6, No. 7, and No. 8 with recurrent decay and broken fillings. It is noted that the patient was seen in 2009 for an initial evaluation with a dental provider. Documentation does not discuss the treatment and followup that has been provided since the 2009 evaluation. Given the poor followup to date, this may indicate a poor prognosis for restoration. The medical necessity of the requested restoration procedures is not established. There is also no indication that an occlusal appliance has been utilized in the past and given the absence of clinical findings supportive of the request, the

medical necessity for the occlusive adjustment, appliance, and followup is not established. Based on the clinical information received, the request is non-certified.

Phase II simplant pilot surgical guide: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regence Group Dental Policy and aetna.com/cpb/dental/data/DCPB0009, last updated 7/12/2012

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.

Decision rationale: Official Disability Guidelines state dental trauma treatment is recommended. The international association of dental traumatology has developed guidelines for the evaluation and management of traumatic dental injuries. The patient presents with evidence of infection, pain, and swelling with abscess noted at No. 5, No. 6, No. 7, and No. 8 with recurrent decay and broken fillings. It is noted that the patient was seen in 2009 for an initial evaluation with a dental provider. Documentation does not discuss the treatment and followup that has been provided since the 2009 evaluation. Given the poor followup to date, this may indicate a poor prognosis for restoration. The medical necessity of the requested restoration procedures is not established. There is also no indication that an occlusal appliance has been utilized in the past and given the absence of clinical findings supportive of the request, the medical necessity for the occlusive adjustment, appliance, and followup is not established. Based on the clinical information received, the request is non-certified.

Phase II tooth #6 simplant additional osteotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regence Group Dental Policy and aetna.com/cpb/dental/data/DCPB0009, last updated 7/12/2012

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.

Decision rationale: Official Disability Guidelines state dental trauma treatment is recommended. The international association of dental traumatology has developed guidelines for the evaluation and management of traumatic dental injuries. The patient presents with evidence of infection, pain, and swelling with abscess noted at No. 5, No. 6, No. 7, and No. 8 with recurrent decay and broken fillings. It is noted that the patient was seen in 2009 for an initial evaluation with a dental provider. Documentation does not discuss the treatment and followup that has been provided since the 2009 evaluation. Given the poor followup to date, this may indicate a poor prognosis for restoration. The medical necessity of the requested restoration procedures is not established. There is also no indication that an occlusal appliance has been utilized in the past and given the absence of clinical findings supportive of the request, the

medical necessity for the occlusive adjustment, appliance, and followup is not established. Based on the clinical information received, the request is non-certified.

Phase II tooth #7 simplant additional osteotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regence Group Dental Policy and aetna.com/cpb/dental/data/DCPB0009, last updated 7/12/2012

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.

Decision rationale: Official Disability Guidelines state dental trauma treatment is recommended. The international association of dental traumatology has developed guidelines for the evaluation and management of traumatic dental injuries. The patient presents with evidence of infection, pain, and swelling with abscess noted at No. 5, No. 6, No. 7, and No. 8 with recurrent decay and broken fillings. It is noted that the patient was seen in 2009 for an initial evaluation with a dental provider. Documentation does not discuss the treatment and followup that has been provided since the 2009 evaluation. Given the poor followup to date, this may indicate a poor prognosis for restoration. The medical necessity of the requested restoration procedures is not established. There is also no indication that an occlusal appliance has been utilized in the past and given the absence of clinical findings supportive of the request, the medical necessity for the occlusive adjustment, appliance, and followup is not established. Based on the clinical information received, the request is non-certified.

Phase II tooth #4 simplant additional osteotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regence Group Dental Policy and aetna.com/cpb/dental/data/DCPB0009, last updated 7/12/2012

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.

Decision rationale: Official Disability Guidelines state dental trauma treatment is recommended. The international association of dental traumatology has developed guidelines for the evaluation and management of traumatic dental injuries. The patient presents with evidence of infection, pain, and swelling with abscess noted at No. 5, No. 6, No. 7, and No. 8 with recurrent decay and broken fillings. It is noted that the patient was seen in 2009 for an initial evaluation with a dental provider. Documentation does not discuss the treatment and followup that has been provided since the 2009 evaluation. Given the poor followup to date, this may indicate a poor prognosis for restoration. The medical necessity of the requested restoration procedures is not established. There is also no indication that an occlusal appliance has been utilized in the past and given the absence of clinical findings supportive of the request, the

medical necessity for the occlusive adjustment, appliance, and followup is not established. Based on the clinical information received, the request is non-certified.

Phase II implant digital guide: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regence Group Dental Policy and aetna.com/cpb/dental/data/DCPB0009, last updated 7/12/2012

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.

Decision rationale: Official Disability Guidelines state dental trauma treatment is recommended. The international association of dental traumatology has developed guidelines for the evaluation and management of traumatic dental injuries. The patient presents with evidence of infection, pain, and swelling with abscess noted at No. 5, No. 6, No. 7, and No. 8 with recurrent decay and broken fillings. It is noted that the patient was seen in 2009 for an initial evaluation with a dental provider. Documentation does not discuss the treatment and followup that has been provided since the 2009 evaluation. Given the poor followup to date, this may indicate a poor prognosis for restoration. The medical necessity of the requested restoration procedures is not established. There is also no indication that an occlusal appliance has been utilized in the past and given the absence of clinical findings supportive of the request, the medical necessity for the occlusive adjustment, appliance, and followup is not established. Based on the clinical information received, the request is non-certified.

Phase II tooth #4 surgical implant placement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regence Group Dental Policy and aetna.com/cpb/dental/data/DCPB0009, last updated 7/12/2012

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.

Decision rationale: Official Disability Guidelines state dental trauma treatment is recommended. The international association of dental traumatology has developed guidelines for the evaluation and management of traumatic dental injuries. The patient presents with evidence of infection, pain, and swelling with abscess noted at No. 5, No. 6, No. 7, and No. 8 with recurrent decay and broken fillings. It is noted that the patient was seen in 2009 for an initial evaluation with a dental provider. Documentation does not discuss the treatment and followup that has been provided since the 2009 evaluation. Given the poor followup to date, this may indicate a poor prognosis for restoration. The medical necessity of the requested restoration procedures is not established. There is also no indication that an occlusal appliance has been utilized in the past and given the absence of clinical findings supportive of the request, the

medical necessity for the occlusive adjustment, appliance, and followup is not established. Based on the clinical information received, the request is non-certified.

Phase II tooth #6 surgical implant placement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regence Group Dental Policy and aetna.com/cpb/dental/data/DCPB0009, last updated 7/12/2012

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.

Decision rationale: Official Disability Guidelines state dental trauma treatment is recommended. The international association of dental traumatology has developed guidelines for the evaluation and management of traumatic dental injuries. The patient presents with evidence of infection, pain, and swelling with abscess noted at No. 5, No. 6, No. 7, and No. 8 with recurrent decay and broken fillings. It is noted that the patient was seen in 2009 for an initial evaluation with a dental provider. Documentation does not discuss the treatment and followup that has been provided since the 2009 evaluation. Given the poor followup to date, this may indicate a poor prognosis for restoration. The medical necessity of the requested restoration procedures is not established. There is also no indication that an occlusal appliance has been utilized in the past and given the absence of clinical findings supportive of the request, the medical necessity for the occlusive adjustment, appliance, and followup is not established. Based on the clinical information received, the request is non-certified.

Phase II tooth #7 surgical implant placement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regence Group Dental Policy and aetna.com/cpb/dental/data/DCPB0009, last updated 7/12/2012

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.

Decision rationale: Official Disability Guidelines state dental trauma treatment is recommended. The international association of dental traumatology has developed guidelines for the evaluation and management of traumatic dental injuries. The patient presents with evidence of infection, pain, and swelling with abscess noted at No. 5, No. 6, No. 7, and No. 8 with recurrent decay and broken fillings. It is noted that the patient was seen in 2009 for an initial evaluation with a dental provider. Documentation does not discuss the treatment and followup that has been provided since the 2009 evaluation. Given the poor followup to date, this may indicate a poor prognosis for restoration. The medical necessity of the requested restoration procedures is not established. There is also no indication that an occlusal appliance has been utilized in the past and given the absence of clinical findings supportive of the request, the

medical necessity for the occlusive adjustment, appliance, and followup is not established. Based on the clinical information received, the request is non-certified.

Phase III tooth #4 custom abutment to connect to implant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regence Group Dental Policy and aetna.com/cpb/dental/data/DCPB0009, last updated 7/12/2012

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.

Decision rationale: Official Disability Guidelines state dental trauma treatment is recommended. The international association of dental traumatology has developed guidelines for the evaluation and management of traumatic dental injuries. The patient presents with evidence of infection, pain, and swelling with abscess noted at No. 5, No. 6, No. 7, and No. 8 with recurrent decay and broken fillings. It is noted that the patient was seen in 2009 for an initial evaluation with a dental provider. Documentation does not discuss the treatment and followup that has been provided since the 2009 evaluation. Given the poor followup to date, this may indicate a poor prognosis for restoration. The medical necessity of the requested restoration procedures is not established. There is also no indication that an occlusal appliance has been utilized in the past and given the absence of clinical findings supportive of the request, the medical necessity for the occlusive adjustment, appliance, and followup is not established. Based on the clinical information received, the request is non-certified.

Phase III tooth #4 crown supported by implant abutment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regence Group Dental Policy and aetna.com/cpb/dental/data/DCPB0009, last updated 7/12/2012

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.

Decision rationale: Official Disability Guidelines state dental trauma treatment is recommended. The international association of dental traumatology has developed guidelines for the evaluation and management of traumatic dental injuries. The patient presents with evidence of infection, pain, and swelling with abscess noted at No. 5, No. 6, No. 7, and No. 8 with recurrent decay and broken fillings. It is noted that the patient was seen in 2009 for an initial evaluation with a dental provider. Documentation does not discuss the treatment and followup that has been provided since the 2009 evaluation. Given the poor followup to date, this may indicate a poor prognosis for restoration. The medical necessity of the requested restoration procedures is not established. There is also no indication that an occlusal appliance has been utilized in the past and given the absence of clinical findings supportive of the request, the

medical necessity for the occlusive adjustment, appliance, and followup is not established. Based on the clinical information received, the request is non-certified.

Phase III tooth #6 custom abutment to connect to implant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regence Group Dental Policy and aetna.com/cpb/dental/data/DCPB0009, last updated 7/12/2012

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.

Decision rationale: Official Disability Guidelines state dental trauma treatment is recommended. The international association of dental traumatology has developed guidelines for the evaluation and management of traumatic dental injuries. The patient presents with evidence of infection, pain, and swelling with abscess noted at No. 5, No. 6, No. 7, and No. 8 with recurrent decay and broken fillings. It is noted that the patient was seen in 2009 for an initial evaluation with a dental provider. Documentation does not discuss the treatment and followup that has been provided since the 2009 evaluation. Given the poor followup to date, this may indicate a poor prognosis for restoration. The medical necessity of the requested restoration procedures is not established. There is also no indication that an occlusal appliance has been utilized in the past and given the absence of clinical findings supportive of the request, the medical necessity for the occlusive adjustment, appliance, and followup is not established. Based on the clinical information received, the request is non-certified.