

<b>Case Number:</b>	CM13-0038623		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	07/01/2008
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 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 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:

The patient is a 58-year-old male who reported an injury on 07/01/2008. The patient is diagnosed with chronic pain syndrome, headaches, advanced tooth decay, hyposalivation, smoking, and collapsed bite with long-term dental. A clinical note was submitted by [REDACTED] on 10/07/2013. He presented to [REDACTED] for a comprehensive dental examination. The patient has suffered from dry mouth syndrome due to medication use which has resulted in tooth decay. Treatment recommendations included 4 quadrants of periodontal scaling and root planning, extraction of broken teeth, restoration of chipped, broken, and decayed teeth, root canal, and implantation with bone augmentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extraction of broken teeth, #5, #7, #12, and #13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [REDACTED] bulletins at <http://aetna.com/cpb/dental/menu.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

**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 underwent a Qualified Medical and Dental Evaluation by [REDACTED] on 09/11/2012. Upon review of medical records and physical examination, it was determined that 60% of the patient's necessary treatment was non-industrial, with 40% being industrial. Treatment recommendations at that time included implantation tooth No. 3, extraction of the root tip of tooth No. 5, extraction of the root tip of tooth No. 7, extraction, implantation, abutment, and crowning of tooth No. 13, extraction and implantation with abutment and crowning of tooth No. 21, and root canal with crowning of tooth No. 30. It was determined that Workers' Compensation would not be responsible for the tooth loss from periodontal treatment, but would be partially responsible for a root canal and crown of tooth No. 14. With regard to extraction of broken teeth No. 5, No. 7, No. 12, and No. 13, the Qualified Medical and Dental Evaluation Physician recommended tooth No. 5 extraction of root, placement of implant, and abutment with crown. This was also recommended for teeth No. 7 and No. 13. However, tooth No. 12 was not mentioned. Additionally, the recent comprehensive examination with dental 3D icat scan, full dental x-rays, and photographs mentioned on 10/07/2013 were not provided for review. Therefore, the current request is not medically appropriate and as such, the request is non-certified.

**Restoration of chipped/broken/decayed teeth:** 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) 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 underwent a Qualified Medical and Dental Evaluation by [REDACTED] on 09/11/2012. Upon review of medical records and physical examination, it was determined that 60% of the patient's necessary treatment was non-industrial, with 40% being industrial. Treatment recommendations at that time included implantation tooth No. 3, extraction of the root tip of tooth No. 5, extraction of the root tip of tooth No. 7, extraction, implantation, abutment, and crowning of tooth No. 13, extraction and implantation with abutment and crowning of tooth No. 21, and root canal with crowning of tooth No. 30. It was determined that Workers' Compensation would not be responsible for the tooth loss from periodontal treatment, but would be partially responsible for a root canal and crown of tooth No. 14. With regard to restoration of chipped/broken/decayed teeth, the Qualified Medical and Dental Examination Physician recommended root canal and crowning to tooth No. 30. The Qualified Medical and Dental Examining Physician did not recommend this treatment for any other tooth. The current request does not specify tooth number. Additionally, the recent comprehensive examination with dental 3D icat scan, full dental x-rays, and photographs mentioned on 10/07/2013 were not provided for review. Therefore, the request is non-certified.

**Root canal, post and build-up and crown restorations on #4, #14, and #31: 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) 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 underwent a Qualified Medical and Dental Evaluation by [REDACTED] on 09/11/2012. Upon review of medical records and physical examination, it was determined that 60% of the patient's necessary treatment was non-industrial, with 40% being industrial. Treatment recommendations at that time included implantation tooth No. 3, extraction of the root tip of tooth No. 5, extraction of the root tip of tooth No. 7, extraction, implantation, abutment, and crowning of tooth No. 13, extraction and implantation with abutment and crowning of tooth No. 21, and root canal with crowning of tooth No. 30. It was determined that Workers' Compensation would not be responsible for the tooth loss from periodontal treatment, but would be partially responsible for a root canal and crown of tooth No. 14. With regard to root canal, post and build up, and crown restorations on No. 4, No. 14, and No. 31, the Qualified Medical and Dental Examining Physician did not recommend any treatment for teeth No. 4 or No. 31. Additionally, the recent comprehensive examination with dental 3D icat scan, full dental x-rays, and photographs mentioned on 10/07/2013 were not provided for review. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

**implant bone augmentation abutment and implant supported crowns on #2, #3, #5, #7, #12, #13, #19, #21: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [REDACTED] bulletins at <http://aetna.com/cpb/dental/menu.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.

**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 underwent a Qualified Medical and Dental Evaluation by [REDACTED] on 09/11/2012. Upon review of medical records and physical examination, it was determined that 60% of the patient's necessary treatment was non-industrial, with 40% being industrial. Treatment recommendations at that time included implantation tooth No. 3, extraction of the root tip of tooth No. 5, extraction of the

root tip of tooth No. 7, extraction, implantation, abutment, and crowning of tooth No. 13, extraction and implantation with abutment and crowning of tooth No. 21, and root canal with crowning of tooth No. 30. It was determined that Workers' Compensation would not be responsible for the tooth loss from periodontal treatment, but would be partially responsible for a root canal and crown of tooth No. 14. With regard to implant bone augmentation abutment and implant supported crowns on No. 2, No. 3, No. 5, No. 7, No. 12, No. 13, No. 19, and No. 21, the Qualified Medical and Dental Examining Physician did not recommend treatment for teeth No. 2, No. 12, or No. 19. Additionally, the recent comprehensive examination with dental 3D icat scan, full dental x-rays, and photographs mentioned on 10/07/2013 were not provided for review. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified