

Case Number:	CM13-0038667		
Date Assigned:	12/18/2013	Date of Injury:	02/02/2004
Decision Date:	02/12/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Liccensed 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 is a 73-year-old male who reported a work-related injury on 02/02/2004, as a result of a fall. The patient subsequently was diagnosed with a complete edentulism. The clinical letter dated 09/17/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient requires a scaling and polishing on lower implants/prosthetics due to severe bone loss and muscular dystrophy of the maxillary arch. The patient's existing denture is not fitting and his bite is out of alignment. The patient complains of pain and poor eating habits due to misalignment. The provider documented the patient either required a new denture or a rebase of his existing denture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rebase complete upper denture: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation De Van MM, Methods of Procedure in a Diagnostic Service to the Edentulous Patient, J.A.D. A. 1942;29:1981-1990

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 online

Decision rationale: The current request previously received an adverse determination as due to the patient's objective findings of severe bone loss and structural changes in the alveolar bone proper of the maxilla, the patient would require a new maxillary denture instead of rebasing the existing one. A clear assessment of the patient's future treatment with [REDACTED] requires to be rendered prior to the submitted request being supported. The provider documents the patient requires either a new denture or a rebase of his existing denture. An assessment via the patient's pathology must be rendered via imaging studies or a thorough physical exam to support either the new denture or rebase of the existing denture as the current request cannot be modified. Official Disability Guidelines indicate dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth would be options to promptly repair injury to the natural teeth required as a result of and directly related to accidental injury. However, given all of the above, the request for rebase and complete upper denture is not medically necessary or appropriate.