

Case Number:	CM13-0039043		
Date Assigned:	12/18/2013	Date of Injury:	09/11/1995
Decision Date:	02/19/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/02/2013

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 Dentist, 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 68-year-old female who reported an injury on 09/11/1995. The patient was diagnosed with bruxism and clenching; cephalgia; chronic periapical periodontitis; chronic periodontitis, generalized; degenerative osteoarthritis of the bilateral TM joints; capsulitis of the bilateral TM joints; myalgia of the muscles of mastication and cervical musculature; fractured teeth; dental caries and xerostomia. The patient was seen by [REDACTED] on 07/24/2013. The patient stated that her last visit to the dentist was approximately 10 years ago. An initial periodontal examination revealed severe generalized inflammation, generalized plaque, bleeding upon probing, heavy supra and subgingival calculus deposits and poor oral hygiene. There was generalized periodontal pocketing, generalized recession and moderate to severe generalized periodontal bone loss. The patient had mild dryness of the mouth, lips and buccal mucosa. Treatment recommendations included removal of the patient's remaining maxillary and mandibular dentition and placement of maxillary and mandibular all-on-4 fixed hybrid prosthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed tomography scan tomography of the maxilla: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Periodontology

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, CT (computed tomography)

Decision rationale: The Official Disability Guidelines state that Computed tomography scans may be used to follow identified pathology or screen for late pathology. As per the clinical notes submitted, the current request is for a Computed tomography scan prior to a surgical procedure to establish whether the patient requires bone grafting. However, in this case, the documentation submitted for review does not justify the surgical procedure requested. Therefore, the requested Computed tomography scan is also not medically necessary. Therefore, the request is non-certified.

Computed tomography scan tomography of mandible: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Periodontology

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, CT (computed tomography)

Decision rationale: The Official Disability Guidelines state that Computed tomography scans may be used to follow identified pathology or screen for late pathology. As per the clinical notes submitted, the current request is for a Computed tomography scan prior to a surgical procedure to establish whether the patient requires bone grafting. However, in this case, the documentation submitted for review does not justify the surgical procedure requested. Therefore, the requested Computed tomography scan is also not medically necessary. Therefore, the request is non-certified.