

Case Number:	CM13-0042494		
Date Assigned:	12/27/2013	Date of Injury:	03/02/2002
Decision Date:	08/11/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/18/2013

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 licensed in Dentistry 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 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:

This is a 48-year-old male with a March 2, 2002 date of injury. The exact mechanism of injury was not described. A Dental agreed medical evaluation (AME) dated August 28, 2009 documented that the patient suffered from traumatic injury to the teeth, xerostomia, myofascial pain, and parafunctional activities of clenching/bruxism. The AME indicated that need for restorative dental treatment due to dental caries caused by dry mouth/xerostomia. It was documented that tooth #2 has severe caries and needs to be extracted. It is noted that #2 is being lost due to non-industrial reasons. On August 19, 2013, the patient reported multiple decayed teeth causing sensitivity, pain, and difficulty chewing food. On exam, in the upper dental arch, all posterior teeth are broken down, decayed, or missing, and root remnants are present. A long span permanent dental bridge is missing. Tooth #11 shows prior endodontic therapy with residual periapical radiolucency. The oral cavity revealed absence of normal salivary flow. Diagnostic studies show a salivary pH of 6.0, placing the patient at a high risk of dental decay. A UR decision dated October 1, 2013 denied the requests for the following reason certified the requests but stated that the relatedness of the condition to the industrial injury has not been determined. The request two surface ceramic onlays to treat decayed tooth #19 was modified to Amalgam restoration to treat decayed tooth #19.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two Surface Ceramic Onlays to Treat Decayed Tooth #19: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head, Dental Trauma Treatment (facial fractures).

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.

Decision rationale: The California MTUS Guidelines do not address this issue. The Official Disability Guidelines (ODG) state that dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. However, there is no rationale provided as to why the patient needs a ceramic onlay as opposed to a direct restorative procedure such as silver or composite filling. Therefore, the request is not medically necessary.

Surgical Extraction of Residual Tooth Roots (#2 and #4): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head, Dental Trauma Treatment (facial fractures).

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.

Decision rationale: The California MTUS Guidelines do not address this issue. The Official Disability Guidelines (ODG) state that dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. There is documentation of residual roots at #2 and #4 provided that should be removed to prevent local/systemic infection. Although, the AME indicates that tooth #2 should not be covered on an industrial basis; this review addresses medical necessity, not compensability. Therefore, the request is medically necessary.

Surgical Placement of Endosseous Dental Implants (#2, #3, and #5): 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 Official Disability Guidelines (ODG) Head Chapter: Dental Trauma.

Decision rationale: The request for extractions at teeth #2 and #4 was deemed to be medically necessary, therefore the request for implants at these sites are also medically necessary to restore function and aesthetics. Therefore, this request is medically necessary.

Placement of Three Custom Abutments on Dental Implants (#2, #3, and #5): 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.

Decision rationale: Since the initial request for the implants was found to be medically necessary, the associated request for custom abutments is also substantiated. Therefore, this request is medically necessary.

Four Units of Ceramic Bridgework (#2, #3, #4, and #5 supported by dental implants): 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 Official Disability Guidelines (ODG) Head Chapter: Dental Trauma.

Decision rationale: Since the initial request for the implants was found to be medically necessary, the associated request for ceramic bridgework is substantiated. Therefore, this request is medically necessary.

Apicoectomy to Eliminate Periapical Infection of Endodontically Treated Tooth Root (#11): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head, Dental Trauma Treatment (facial fractures).

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.

Decision rationale: The California MTUS Guidelines do not address this issue. Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. However, the presence of a periapical lesion on this tooth does not necessitate the need for apicoectomy. There is no documentation that the patient is symptomatic from this lesion. Therefore, the request is not medically necessary.

Fabrication of Replacement of Four Units Ceramic Fixed Bridge from Teeth #11-#14 to replace the Existing Bridge that is Re-decayed: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head, Dental Trauma Treatment (facial fractures).

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.

Decision rationale: The California MTUS Guidelines do not address this issue. Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. There is documentation of decay to the existing bridge secondary to the ongoing xerostomia. Therefore, replacement of the decayed bridge is necessary due to concern regarding ongoing contributing to nerve infection and further decay. Therefore, the request is medically necessary.

Placement of a new Ceramic Crown on Tooth #15 to replace the Present Crown that is Re-decayed: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head, Dental Trauma Treatment (facial fractures).

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.

Decision rationale: The California MTUS Guidelines do not address this issue. Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. There is documentation of decay to the ceramic crown secondary to the ongoing xerostomia. Therefore, replacement of the decayed bridge is necessary due to concern regarding ongoing contributing to nerve infection and further decay. Therefore, the request is medically necessary.

Ceramic Crown to Restore Decayed Tooth #20: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head, Dental Trauma Treatment (facial fractures).

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.

Decision rationale: The California MTUS Guidelines do not address this issue. Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. There is documentation of decay to the tooth #20 secondary to the ongoing xerostomia. Therefore, replacement of the decayed bridge is necessary due to concern

regarding ongoing contributing to nerve infection and further decay. Therefore, the request is medically necessary.

Two Surface Ceramic Onlays to Treat Dental Re-decay (#30, #31 and #32): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head, Dental Trauma Treatment (facial fractures).

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.

Decision rationale: The California MTUS Guidelines do not address this issue. Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. However, there is no rationale provided as to why the patient needs a ceramic onlay as opposed to a direct restorative procedure such as silver or composite filling. Therefore, the request is not medically necessary.

Post-Prosthetic Orthotic to Counteract Chronic Bruxism and Protect the Dental Restorations: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information's PubMed Database (www.ncbi.nlm.nih.gov/pubmed).

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.

Decision rationale: The California MTUS Guidelines do not address this issue. Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will

require root canal treatment and a protective restoration. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. However, there is documentation of bruxism. Therefore, a post-prosthetic orthotic is medically necessary to protect the integrity of the dental restorations. Therefore, the request is medically necessary.