

Case Number:	CM13-0057772		
Date Assigned:	12/30/2013	Date of Injury:	08/27/1997
Decision Date:	08/25/2014	UR Denial Date:	11/16/2012
Priority:	Standard	Application Received:	11/26/2013

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 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 45-year-old male with an 8/27/97 date of injury. The patient developed bilateral carpal tunnel syndrome due to overuse/repetitive motion, and developed clinging and grinding of his teeth. On 10/15/12, the patient had a full set of Peri-apical x-rays as well as Panorex. On 7/24/04, a QME report notes that the patient is s/p crowns and root canal treatments on multiple teeth secondary to bruxism. The QME recommends treatment for bruxism with an occlusal guard as well as any dental treatment that have fractured and required crowns and root canal treatments. A 5/27/03 QME evaluation was provided for review. Diagnostic Impression: bruxism, TMJ disorder, Xerostomia. Treatment to date: oral appliance, medication management. A UR decision dated 11/16/12 partially certified the request for surgical extraction of tooth #3 and certified a 3-unit bridge for teeth #2-4. The connective tissue grafts at teeth #6, 11, 21, and 22 were denied, as well as the teeth CT scan. The replacement of tooth #3 would be best suited by a 3-unit bridge involving teeth #2-4 and that procedures associated with an implant are not necessary. Regarding the connective tissue graft, it was denied because connective tissue grafts for abfraction are not considered medically necessary. The CT scan was not medically necessary since the implant procedure was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tooth #3: surgical extraction, bone replacement graft, implant, implant abutment, and impact crown: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Head Procedure Summary, Dental Trauma.

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: CA MTUS does not address this issue. Official Disability Guidelines states that Dental Trauma Treatment is recommended. Official Disability Guidelines states that trauma to the oral region occurs frequently and comprises 5% of all injuries for which people seek treatment. 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. 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. Rather than resting on the gum line like removable dentures, or using adjacent teeth as anchors like fixed bridges, dental implants are long-term replacements. However, this patient is noted to already have had root canal therapy to teeth #2 and #4, and will require crowns. There is no clear rationale provided as to why the patient requires an implant over a 3-unit bridge. Therefore, the request for Tooth #3, surgical extraction, bone replacement graft, implant, implant abutment, and implant crown is not medically necessary.

Tooth #6, #11, #21, #22: connective tissue graft: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bilaminar Technique in the treatment of a deep cervical abrasion defect.

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 Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Soft Tissue Grafts.

Decision rationale: CA MTUS and Official Disability Guidelines do not address this issue. An Aetna Clinical Policy Bulletin indicates that Soft Tissue Grafts are surgical procedures designed to increase the zone of keratinized However, there is no description of the location of the mucogingival junction and the margin to the areas of recession. Soft tissue grafts of this type are indicated only when the pregingival margin is less than 2 mm in vertical height and poses a risk to the integrity of the mucogingival junction or that the teeth are highly sensitive to thermal and physical events. Therefore, the request for Tooth #6, #11, #21, #22: connective tissue graft was not medically necessary.

Teeth CT scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Computed Tomography in Dental Implantation Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.fda.gov/Radiation-EmittingProducts/RadiationEmittingProductsandProcedures/MedicalImaging/MedicalX-Rays/ucm315011.htm>.

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Dental CTs are used to reconstruct a 3D region of the dental area for various clinical applications including dental implant planning. However, the provider indicates that the Teeth CT scan to further evaluate the options for replacing two teeth on the upper left, missing teeth #14 and #15. However, there is no specific procedure requested and it is unclear why a CT scan would be necessary to evaluate the options. Dental implants have not been authorized at these sites. Therefore, the request for teeth CT scan was not medically necessary.