

Case Number:	CM13-0057938		
Date Assigned:	12/30/2013	Date of Injury:	09/26/2005
Decision Date:	08/12/2014	UR Denial Date:	11/11/2013
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 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:

According to [REDACTED] report dated 10/30/2013 the patient is 58 year old male with history of falling off a 2 story building seven years ago, and breaking his back as a result of the fall. In consequence, the patient has had a long term use of narcotic drugs to manage pain. These drugs have caused him to have dry mouth, which in turn, has caused the patient to develop rampant caries in all his teeth. Diagnosis: - Rampant caries secondary to long term narcotic use which has created Xerostomia-Retained nonrestorable roots #5, 6, and 7,8,9,11,19-Caries #12, 18, 21, 23, 24,28,29,30- Periapical infection #30 and 24- Poor prognosis of remaining teeth in mouth [REDACTED] is recommending the following treatments:Maxilla:- Removal of #5, 6, 7,8,9,11,12- Socket grafts #7 and #11- Alveoplasty- Placement of 4 implants #4, 7, 10, and 13- Conversion of temporary denture to fixed provisional applianceMandible:- Removal of #18, 19, 22,23,24,25,26,27,30- Alveoplasty anterior mandible-Bone graft #19, 30-Placement of implants #19, 30, 23, 26-Remove #20, 21, 28, and 29- Convert temporary partial denture to a fixed provisional appliance supported by implants.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 REMOVAL OF TOOTH #5, 6,7,8,9,11, 12 WITH SOCKET GRAFTS #7 AND POSSIBLE #11 AND ALVELOPLASTY: 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 Medscape Reference. Dental Implant Placement . Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA Aust Dent J. 2014 Mar;59(1):48-56. doi: 10.1111/adj.12098. Epub 2013 Aug 6. Current perspectives on the role of ridge (socket) preservation procedures in dental implant treatment in the aesthetic zone. Kassim B1, Ivanovski S, Mattheos N. Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

Decision rationale: Medscape Reference. Dental Implant Placement. Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA Aust Dent J. 2014 Mar; 59(1):48-56. doi: 10.1111/adj.12098. Epub 2013 Aug 6. Current perspectives on the role of ridge (socket) preservation procedures in dental implant treatment in the aesthetic zone. Kassim B1, Ivanovski S, Mattheos N. By referring to the citations listed above, it is found that the Bone Graft is medically necessary. The patient will be having extractions of several teeth, and bone graft will be necessary to preserve the ridge. It was found that Ridge preservation techniques are effective in minimizing post-extraction alveolar ridge contraction (Kassim B, 2014) and in cases where there has been extensive alveolar bone loss following extraction, it may be necessary to provide bone augmentation prior to implant placement. (Burgess) Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA According to above reference, There are circumstances in which it is clear that a tooth must be extracted, such as the following: -A tooth that cannot be restored, because of severe caries -A mobile tooth with severe periodontal disease, pulp necrosis, or periapical abscess, for which root canal treatment is required that the patient cannot afford (or for which endodontic treatment failed) -Overcrowding of teeth in the dental arch, resulting in orthodontic deformity [1] Therefore, the removal of the teeth in questions is medically necessary. Alveoplasty is the surgical shaping and smoothing of the alveolar bone, usually done after several extractions. Since the patient is getting several teeth extracted, this procedure is necessary to preserve and maintain the alveolar ridge.

1 SOCKET GRAFT EXTRACTION OF TOOTH #7 AND #11: 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 Medscape Reference. Dental Implant Placement . Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA Aust Dent J. 2014 Mar;59(1):48-56. doi: 10.1111/adj.12098. Epub 2013 Aug 6. Current perspectives on the role of ridge (socket) preservation procedures in dental implant treatment in the aesthetic zone. Kassim B1, Ivanovski S, Mattheos N. Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

Decision rationale: Medscape Reference. Dental Implant Placement. Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA Aust Dent J. 2014 Mar; 59(1):48-56. doi: 10.1111/adj.12098. Epub 2013 Aug 6. Current perspectives on the role of ridge (socket) preservation procedures in dental implant treatment in the aesthetic zone. Kassim B1, Ivanovski

S, Mattheos N. By referring to the citations listed above, it is found that the Bone Graft is medically necessary. The patient will be having extractions of several teeth, and bone graft will be necessary to preserve the ridge. It was found that Ridge preservation techniques are effective in minimizing post-extraction alveolar ridge contraction (Kassim B, 2014) and in cases where there has been extensive alveolar bone loss following extraction, it may be necessary to provide bone augmentation prior to implant placement. (Burgess) Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA According to above reference, There are circumstances in which it is clear that a tooth must be extracted, such as the following: -A tooth that cannot be restored, because of severe caries -A mobile tooth with severe periodontal disease, pulp necrosis, or periapical abscess, for which root canal treatment is required that the patient cannot afford (or for which endodontic treatment failed) -Overcrowding of teeth in the dental arch, resulting in orthodontic deformity [1] Therefore, the removal of the teeth in questions is medically necessary. Alveoplasty is the surgical shaping and smoothing of the alveolar bone, usually done after several extractions. Since the patient is getting several teeth extracted, this procedure is necessary to preserve and maintain the alveolar ridge.

4 ENDOSSEOUS IMPLANTS ON TOOTH #4, 7, 10, 13: 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) Official Disability Guidelines, Online version, Head Chapter Dental Trauma treatment (facial Fractures) 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, and 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 (Krastl, 2011).

Decision rationale: According to ODG Guidelines, "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, and 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 (Krastl, 2011)" (Olate, 2010) 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 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. 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. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss."Therefore, ODG guidelines Support the use of implants to replace missing teeth. Therefore, placement of 4 endosseous implants is medically necessary.

1 PLACEMENT OF IMPLANTS TOOTH #4,7,10,13: 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 Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: According to ODG Guidelines, "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, and 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 (Krausl, 2011)"(Olate, 2010) 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 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. 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. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss."Therefore, ODG guidelines Support the use of implants to replace missing teeth. Therefore, placement of 4 endosseous implants is medically necessary.

1 REMOVAL OF TOOTH #18, 19, 22,23,24,25,26,27 AND 30 WITH ALVEOLOPLASTY ANTERIOR MANDIBLE AND GRAFT #19 AND 30: 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 Medscape Reference. Dental Implant Placement . Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA Aust Dent J. 2014 Mar;59(1):48-56. doi: 10.1111/adj.12098. Epub 2013 Aug 6. Current perspectives on the role of

ridge (socket) preservation procedures in dental implant treatment in the aesthetic zone. Kassim B1, Ivanovski S, Mattheos N. Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

Decision rationale: Other Medical Treatment Guideline or Medical Evidence: Medscape Reference. Dental Implant Placement. Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA Aust Dent J. 2014 Mar; 59(1):48-56. doi: 10.1111/adj.12098. Epub 2013 Aug 6. Current perspectives on the role of ridge (socket) preservation procedures in dental implant treatment in the aesthetic zone. Kassim B1, Ivanovski S, Mattheos N. Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA) After a professional and thorough review of the documents, my analysis is that the above listed issue: Is/was NOT medically necessary. I am reversing the prior UR decision. My decision is that the issue listed above IS medically necessary. The reasons for reversing the prior UR decision are listed in the rationale below. c) My rationale for why the requested treatment/service is or is not medically necessary: Medscape Reference. Dental Implant Placement. Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA Aust Dent J. 2014 Mar; 59(1):48-56. doi: 10.1111/adj.12098. Epub 2013 Aug 6. Current perspectives on the role of ridge (socket) preservation procedures in dental implant treatment in the aesthetic zone. Kassim B1, Ivanovski S, Mattheos N. By referring to the citations listed above, it is found that the Bone Graft is medically necessary. The patient will be having extractions of several teeth, and bone graft will be necessary to preserve the ridge. It was found that Ridge preservation techniques are effective in minimizing post-extraction alveolar ridge contraction (Kassim B, 2014) and in cases where there has been extensive alveolar bone loss following extraction, it may be necessary to provide bone augmentation prior to implant placement. (Burgess) Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA According to above reference, There are circumstances in which it is clear that a tooth must be extracted, such as the following: -A tooth that cannot be restored, because of severe caries -A mobile tooth with severe periodontal disease, pulp necrosis, or periapical abscess, for which root canal treatment is required that the patient cannot afford (or for which endodontic treatment failed) -Overcrowding of teeth in the dental arch, resulting in orthodontic deformity [1] Therefore, the removal of the teeth in questions is medically necessary. Alveoplasty is the surgical shaping and smoothing of the alveolar bone, usually done after several extractions. Since the patient is getting several teeth extracted, this procedure is necessary to preserve and maintain the alveolar ridge.

1 PLACEMENT OF IMPLANTS #19, 30, 23, AND 26, REMOVE #20, 21, 28 AND 29 AND CONVERT TEMPORARY PARTIAL DENTURE TO A FIXED PROVISIONAL APPLIANCE: 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) Official Disability Guidelines, Online version, Head Chapter Dental Trauma treatment (facial Fractures) 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, and 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 (Kraatzl, 2011).

Decision rationale: According to ODG Guidelines, "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, and 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 (Kraatzl, 2011)"(Olate, 2010) 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 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. 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. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the used of dental implants an option for restoring traumatic tooth loss."Therefore, ODG guidelines Support the use of implants to replace missing teeth. Therefore, placement of implants is medically necessary. Since the placement of implants is found to be medically necessary, a fixed provisional appliance will therefore also be necessary.

1 FINAL PROSTHESES: 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 Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: The final Prosthesis is medically necessary due to the previous determination that the implants are medically necessary.

4 MULTI-UNIT ABUTMENT FOR TOOTH #4, 7, 10, 13: 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 Other Medical Treatment Guideline or Medical

Evidence: Dental Implants and Mini-Implants Author: Dale A Baur, DDS, MD; Chief Editor: Jeff Burgess, DDS, MSD.

Decision rationale: Dental Implants and Mini-Implants Author: Dale A Baur, DDS, MD; Chief Editor: Jeff Burgess, DDS, MSD Healing abutment. Once the implant has properly osseointegrated to the surrounding bone, the implant is exposed and the cover screw is removed. The healing abutment is screwed in its place to project through the mucosa and to maintain patency of the mucosal penetration. Transmucosal abutment The transmucosal abutment is the link between the implant body and the prosthesis, usually made of titanium. It can be provided in various heights and can be manufactured or prefabricated. According to above mentioned citation, Abutments are needed once the implant is placed. And since Implants have been determined to be medically necessary, then the abutments are also medically necessary.

1 ALVEOLOPLASTY WITH EXT 1-3 TEETH: 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 Medscape Reference. Dental Implant Placement . Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA Aust Dent J. 2014 Mar; 59(1):48-56. doi: 10.1111/adj.12098. Epub 2013 Aug 6. Current perspectives on the role of ridge (socket) preservation procedures in dental implant treatment in the aesthetic zone. Kassim B1, Ivanovski S, Mattheos N. Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

Decision rationale: Other Medical Treatment Guideline or Medical Evidence: Medscape Reference. Dental Implant Placement. Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA Aust Dent J. 2014 Mar; 59(1):48-56. doi: 10.1111/adj.12098. Epub 2013 Aug 6. Current perspectives on the role of ridge (socket) preservation procedures in dental implant treatment in the aesthetic zone. Kassim B1, Ivanovski S, Mattheos N. Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA) After a professional and thorough review of the documents, my analysis is that the above listed issue: Is/was NOT medically necessary I am reversing the prior UR decision. My decision is that the issue listed above IS medically necessary. The reasons for reversing the prior UR decision are listed in the rationale below. c) My rationale for why the requested treatment/service is or is not medically necessary: Medscape Reference. Dental Implant Placement. Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA Aust Dent J. 2014 Mar; 59(1):48-56. doi: 10.1111/adj.12098. Epub 2013 Aug 6. Current perspectives on the role of ridge (socket) preservation procedures in dental implant treatment in the aesthetic zone. Kassim B1, Ivanovski S, Mattheos N. By referring to the citations listed above, it is found that the Bone Graft is medically necessary. The patient will be having extractions of several teeth, and bone graft will be necessary to preserve the ridge. It was found that Ridge preservation techniques are effective in minimizing post-extraction alveolar ridge contraction (Kassim B, 2014) and in cases where there has been extensive alveolar bone loss following extraction, it may be necessary to provide bone augmentation prior to implant placement. (Burgess) Medscape Reference: Tooth

Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA According to above reference, There are circumstances in which it is clear that a tooth must be extracted, such as the following: -A tooth that cannot be restored, because of severe caries -A mobile tooth with severe periodontal disease, pulp necrosis, or periapical abscess, for which root canal treatment is required that the patient cannot afford (or for which endodontic treatment failed) -Overcrowding of teeth in the dental arch, resulting in orthodontic deformity [1] Therefore, the removal of the teeth in questions is medically necessary. Alveoplasty is the surgical shaping and smoothing of the alveolar bone, usually done after several extractions. Since the patient is getting several teeth extracted, this procedure is necessary to preserve and maintain the alveolar ridge.

1 ALVEOLOPLASTY WITH EXT 4+: 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 Medscape Reference. Dental Implant Placement . Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA Aust Dent J. 2014 Mar; 59(1):48-56. doi: 10.1111/adj.12098. Epub 2013 Aug 6. Current perspectives on the role of ridge (socket) preservation procedures in dental implant treatment in the aesthetic zone. Kassim B1, Ivanovski S, Mattheos N. Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

Decision rationale: Other Medical Treatment Guideline or Medical Evidence: Medscape Reference. Dental Implant Placement. Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA Aust Dent J. 2014 Mar; 59(1):48-56. doi: 10.1111/adj.12098. Epub 2013 Aug 6. Current perspectives on the role of ridge (socket) preservation procedures in dental implant treatment in the aesthetic zone. Kassim B1, Ivanovski S, Mattheos N. Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA) After a professional and thorough review of the documents, my analysis is that the above listed issue: Is/was NOT medically necessary I am reversing the prior UR decision. My decision is that the issue listed above IS medically necessary. The reasons for reversing the prior UR decision are listed in the rationale below. c) My rationale for why the requested treatment/service is or is not medically necessary: Medscape Reference. Dental Implant Placement. Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA Aust Dent J. 2014 Mar; 59(1):48-56. doi: 10.1111/adj.12098. Epub 2013 Aug 6. Current perspectives on the role of ridge (socket) preservation procedures in dental implant treatment in the aesthetic zone. Kassim B1, Ivanovski S, Mattheos N. By referring to the citations listed above, it is found that the Bone Graft is medically necessary. The patient will be having extractions of several teeth, and bone graft will be necessary to preserve the ridge. It was found that Ridge preservation techniques are effective in minimizing post-extraction alveolar ridge contraction (Kassim B, 2014) and in cases where there has been extensive alveolar bone loss following extraction, it may be necessary to provide bone augmentation prior to implant placement. (Burgess) Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA According to above reference, There are circumstances in which it is clear that a tooth must

be extracted, such as the following:-A tooth that cannot be restored, because of severe caries-A mobile tooth with severe periodontal disease, pulp necrosis, or periapical abscess, for which root canal treatment is required that the patient cannot afford (or for which endodontic treatment failed) -Overcrowding of teeth in the dental arch, resulting in orthodontic deformity [1] Therefore, the removal of the teeth in questions is medically necessary. Alveoplasty is the surgical shaping and smoothing of the alveolar bone, usually done after several extractions. Since the patient is getting several teeth extracted, this procedure is necessary to preserve and maintain the alveolar ridge.

1 COLLECTION AND APPLICATION OF PRP: 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 Other Medical Treatment Guideline or Medical Evidence: J Maxillofac Oral Surg. 2013 Dec;12(4):387-94A prospective study involving the use of platelet rich plasma in enhancing the uptake of bone grafts in the oral and maxillofacial region. Kumar KA, Rao JB, Pavan Kumar B, Mohan AP, Patil K, Parimala K.

Decision rationale: J Maxillofac Oral Surg. 2013 Dec; 12(4):387-94A prospective study involving the use of platelet rich plasma in enhancing the uptake of bone grafts in the oral and maxillofacial region. Kumar KA, Rao JB, Pavan Kumar B, Mohan AP, Patil K, Parimala K. According to the above mentioned reference: Autologous PRP was a safe, biocompatible, effective, source for growth factors and carries no risk of transmissible diseases. It enhances and accelerates bone regeneration of autogenous bone grafts. Therefore, PRP is medically necessary.

1 CT SCAN AND INTERPRETATION OF BOTH JAWS: 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 Other Medical Treatment Guideline or Medical Evidence: PubMed: Dental Implant Placement Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA.

Decision rationale: PubMed: Dental Implant Placement Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA According to above reference, computed tomography, this not only allows for visualization of jaw structure in three planes but incorporates software that can provide the presurgical electronic placement of an implant and the formation of diagnostic templates that guide the surgical process--techniques that are useful for complex multi-implant treatments. Therefore, the request for 1 CT scan is medically necessary.