

<b>Case Number:</b>	CM13-0065889		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/09/2004
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	11/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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:

The medical records reviewed indicate this is a 58 year old male patient, who while employed by [REDACTED], developed Dental and Temporomandibular joint issues as a result of an industrial injury occurring on March 9/2004. The patient has developed xerostomia/dry mouth secondary to taking medications prescribed for his industrial orthopedic and psychiatric issues resulting in an aggravation of his periodontal condition and decay in the dentition. Also in reaction to his industrially related orthopedic pain and psychiatric emotional stress aggravated parafunctional clenching and grinding of the teeth, resulting in breakage, and loss of teeth, pain in the facial and masticatory musculature, dental hypersensitivity, and overall problems with mastication. The patient was receiving treatment for xerostomia, parafunctional dental clenching and grinding, acquired loss of teeth, malocclusion due to missing teeth and malposition, tension myositis and myalgia of the musculature, dental pulpitis, status post dental decay, generalized chronic moderate periodontitis and problem with mastication. [REDACTED] report dated 09/12/2011 recommends: "The applicant's multiple missing teeth is resulting in an unstable occlusion (biting arrangement of the teeth). This malocclusion needs to be initially stabilized with removable or fixed interim dental restorations. The facial pain and TMJ joint complaints require intraoral splint therapy. The applicant's acute dental hypersensitivity should improve with stabilization of the occlusion. Root canal therapy may be required for teeth that remain hypersensitive. The attending dentist may refer root canal therapy to an endodontist. Elimination of the areas of dental decay and control of the applicant's periodontal disease will also need to be addressed on an industrial basis. Active decay has been eliminated but the teeth and occlusion need to be restored after the TMJ issues are treated and stabilized. The applicant will require provision of restorations to replace the teeth loss on an industrial basis. In restoring the occlusion, it may be necessary to restore the chewing and biting surfaces of all remaining

teeth and edentulous spaces. Treatment options include crowns, fixed bridges, and dental implant supported crowns. The attending dentist will coordinate the restorative treatment plan with the dental specialists."

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **13 EXTRACTIONS (TEETH #2,4,7,8,9,10,13,14,18,20,28,29 AND 31: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics treatment planning guidelines. Minneapolis (MN): HealthPartners; 2009 Mar 23. 10 p.

**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: Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

**Decision rationale:** Per the Medscape reference provided above, "Teeth are important for aesthetic purposes and for maintaining masticatory function. Accordingly, all efforts to avoid tooth extraction must be exhausted before the decision is made to proceed with removal of a tooth. Nevertheless, 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." In the medical records provided for review, there is no mention of the current status of the teeth that are planned to be extracted. There is no reasoning, radiographic findings, clinical findings, and diagnoses that justify the need for extracting these 13 teeth. A report dated 9/12/11 has listed clinical findings of each tooth in this patient's mouth, and indicates a diagnosis of generalized chronic moderate periodontitis. The report does not suggest extractions of these 13 teeth. It is therefore found that extractions of 13 teeth are not medically necessary and appropriate.

#### **13 BONE GRAFT (TEETH # 2,4,7,8,9,10,13,14,18,20,28,29 AND 31: 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 Other Medical Treatment Guideline or Medical Evidence: Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

**Decision rationale:** Since extractions are NOT found to be Medically necessary, there will be no need for Bone Graft. Therefore, Bone Graft is NOT Medically necessary.

**13 MEMBRANE (TEETH # 2,4,7,8,9,10,13,14,18,20,28,29,AND 31): 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 Other Medical Treatment Guideline or Medical Evidence: Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**3 OSSEOUS SURGERY UPPER LEFT, LOWER LEFT AND LOWER RIGHT: 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 Other Medical Treatment Guideline or Medical Evidence: Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**16 IMPLANTS (TEETH # 2,3,4,7,8,9,10,13,14,18,19,20,28,29,31, AND 31): 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 Other Medical Treatment Guideline or Medical Evidence: Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

**Decision rationale:** Since extractions are NOT found to be Medically necessary, there will be no need for Implants. Therefore, Implants is NOT Medically necessary.

**16 CUSTOM ABUTMENTS (TEETH # 2,3,4,7,8,9,10,13,14,18,19,20,28,29,30 AND 31): 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 Other Medical Treatment Guideline or Medical Evidence: Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**16 LAB PROCESSED TEMPORARY IMPLANT CROWNS (TEETH # 2,3,4,7,8,9,10,13,14,18,19,20,28,29,30,31):** 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 Other Medical Treatment Guideline or Medical Evidence: Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**16 IMPLANT CROWNS (TEETH # 2,3,4,7,8,9,10,13,14,18,19,20,28,29,30,AND 31):** 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 Other Medical Treatment Guideline or Medical Evidence: Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**1 OCCLUSAL GUARD (ONCE A YEAR OR AS NEEDED):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Johnson VB, Chalmers J. Oral hygiene care for functionally dependent and cognitively impaired older adults. Iowa City (IA): University of Iowa College of Nursing, John A. Hartford Foundation Center of Geriatric Nursing Excellence; 2011 Jul. 61 p.

**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: Medscape reference: Temporomandibular Disorders Treatment & Management.  
Author: Charles F Guardia III, MD; Chief Editor: Robert A Egan, MD.

**Decision rationale:** The patient has facial pain and TMJ joint complaints which require intraoral splint therapy. Per the reference cited above, occlusal splints are an acceptable approach to relieving TMJ pain and TMDs. "Occlusal splints. These are known as nightguards, bruxism appliances, or orthotics. Various kinds of splints are available and can be classified into 2 groups--anterior repositioning splints and autorepositional splints. Physiologic basis of the pain relief provided by splints is not well understood. Factors such as alteration of occlusal relationships, redistribution of occlusal forces of bite, and alteration of structural relationship and forces in the temporomandibular joint (TMJ) seem to play some role." Therefore, the request for an Occlusal guard is medically necessary at this time.

**UNKNOWN PERIODONTAL MAINTENANCE WITH TOPICAL FLUORIDE THERAPY (EVERY 2 MONTHS):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics guidelines for the diagnosis and treatment of periodontal diseases. Minneapolis (MN): HealthPartners Dental Group; 2011 Dec 9. 37 p.

**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: Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references] Topical fluorides in caries prevention and management: a North American perspective. J Dent Educ. 2001 Oct;65(10):1078-83. Newbrun E.

**Decision rationale:** According to reference cited above, "Patients should receive a comprehensive periodontal evaluation and their risk factors should be identified at least on an annual basis." Since this patient has been diagnosed with generalized moderate chronic periodontitis, periodontal maintenance is medically necessary. This patient has also been diagnosed with Xerostomia. Per a reference cited above, "the management of the high caries-risk patient requires the use of several preventive interventions and behavioral modification, besides the use of topical fluorides. For children over six years of age and adults, both office and self-applied topical fluoride treatments are recommended. For office fluoride therapy at the initial visit, a high-concentration agent, either a 1.23 percent F APF gel (12,300 ppm of fluoride) for four minutes in a tray or a 5 percent NaF varnish (22,600 ppm of fluoride), should be applied directly to the teeth four times per year. (Newbrun, 2001)." Therefore, topical fluoride therapy is medically necessary.