

<b>Case Number:</b>	CM13-0067602		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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:

Records provided indicate this is a 44 year old male with a date of injury of 2/1/2012. The patient reported difficulty eating with dentures because there is inadequate retention due to existing anatomy of his upper and lower arches. Completed dental treatments consisted of extraction, bone graft and membrane placement at extraction sites, alveoplasty, and maxillary full upper denture. The patient's diagnoses included loss of teeth due to trauma, disturbance of salivary secretion, closed dislocation of jaw and myalgia/myositis. The request is for denture maintenance appointments 3-4 times per year. Utilization Review has authorized 1 denture maintenance appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DENTURE MAINTENANCE APPOINTMENTS THREE TO FOUR TIMES PER YEAR:**  
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: Comprehensive periodontal therapy: a statement by the American Academy of Periodontology.

**Decision rationale:** Per the medical reference mentioned above, more than 1 denture maintenance appointment is not necessary at this time.