

<b>Case Number:</b>	CM13-0070599		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	06/05/1993
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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:

As reported in [REDACTED] report (UR) dated 01/15/13: "The patient is a 57 year old male who was injured on 6/5/93. The mechanism of injury occurred when the patient was involved in a motor vehicle accident in the rain, in which he could not get control of the truck and drove off a bridge. " The reports provided do not explain the mechanism by which this industrial related injury has caused the need for Implant placement #3, and therefore the need for sinus augmentation with bone and implant crown. [REDACTED] has made the following diagnosis: 1. Due to sinus proximity, previous implant failed. The requested treatment is Upper right quadrant sinus augmentation with bone in order to place new implant. 2. Existing implant became loose and was removed. The requested treatment is Implant placement #3 3. #3 implant crown abutment supported; to be placed six months after implant placement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT UPPER QUADRANT SINUS AUGMENTATION WITH BONE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Taschieri S, Corbella S, Saita m, Tsesis I, Del Fabbro M. Osteotome-Mediated Sinus Lift without Grafting Material: A Review of Literature and a Technique Proposal

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clin Oral Implants Res. 2014 Jan 3. doi: 10.1111/clr.12324. Marginal bone loss as success criterion in implant dentistry: beyond 2 mm. Galindo-Moreno P1, LeÃ³n-Cano A, Ortega-Oller I, Monje A, O Valle F, Catena A. J Korean Assoc Oral Maxillofac Surg. 2013 Dec;39(6)

**Decision rationale:** After reviewing all the documentation provided, it is found that the dental provider, [REDACTED], who is requesting the treatment of Sinus Augmentation with bone, has not provided adequate documentation of his examination of the patient and justification for the requested treatment. Adequate documentation would include Panoramic radiograph, measurement of remaining crestal bone over maxillary sinus, and detailed findings on why the first implant failed (such as how long after placement did implant fail? Was bone grafting done the first time implant was placed? How much has the bone resorbed since first implant placement and failure?) Therefore, it is found that the decision for a Maxillary sinus augmentation, implant placement, and crown, cannot be made with adequate justification due to very limited clinical information provided by [REDACTED]. It is not possible to justify that a second implant placement will be successful, due to lack of clinical evidence and information.

**IMPLANT PLACEMENT #3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DeFabbro M, Corbella S, Weinstein T, Ceresoli V, Taschieri S. Implant survival rates after osteotome-mediated maxillary sinus augmentation: a systematic review

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Korean Assoc Oral Maxillofac Surg. 2013 Dec;39(6):274-82. doi: 10.5125/jkaoms. 2013.39.6.274. Epub 2013 Dec 23. Assessment of the autogenous bone graft for sinus elevation. Peng W, Kim IK, Cho HY, Pae SP, Jung BS, Cho HW, Seo JH. Taschieri S, Corbella S, Saita

**Decision rationale:** After reviewing all the documentation provided, it is found that the dental provider, [REDACTED], who is requesting the treatment Implant placement #3, has not provided adequate documentation of his examination of the patient and justification for the requested treatment. Adequate documentation would include Panoramic radiograph, measurement of remaining crestal bone over maxillary sinus, and detailed findings on why the first implant failed (such as how long after placement did implant fail? Was bone grafting done the first time implant was placed? How much has the bone resorbed since first implant placement and failure?) Therefore, it is found that the decision for a Maxillary sinus augmentation, implant placement, and crown, cannot be made with adequate justification due to very limited clinical information provided by [REDACTED]. It is not possible to justify that a second implant placement will be successful, due to lack of clinical evidence and information.

**IMPLANT #3 CROWN ABUTMENT SUPPORTED:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DeFabbro M, Corbella S, Weinstein T, Ceresoli V, Taschieri S. Implant survival rates after osteotome-mediated maxillary sinus augmentation: a systematic review

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Korean Assoc Oral Maxillofac Surg. 2013 Dec;39(6):274-82. doi: 10.5125/jkaoms. 2013.39.6.274. Epub 2013 Dec 23. Assessment of the autogenous bone graft for sinus elevation. Peng W, Kim IK, Cho HY, Pae SP, Jung BS, Cho HW, Seo JH. Taschieri S, Corbella S, Saita

**Decision rationale:** After reviewing all the documentation provided, it is found that the dental provider, [REDACTED], who is requesting the treatment Implant Crown #3, has not provided adequate documentation of his examination of the patient and justification for the requested treatment. Adequate documentation would include Panoramic radiograph, measurement of remaining crestal bone over maxillary sinus, and detailed findings on why the first implant failed (such as how long after placement did implant fail? Was bone grafting done the first time implant was placed? How much has the bone resorbed since first implant placement and failure?) Therefore, it is found that the decision for a Maxillary sinus augmentation, implant placement, and crown, cannot be made with adequate justification due to very limited clinical information provided by [REDACTED]. There are no other reports by other dentists provided.