

Case Number:	CM13-0072716		
Date Assigned:	01/08/2014	Date of Injury:	01/20/2003
Decision Date:	06/16/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/31/2013

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 Florida. 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 patient is an employee of [REDACTED] and has submitted a claim for Dental Trauma associated with an industrial injury date of January 20, 2003. Treatment to date has included implant placements at site #2 and #3. Medical records from 2012 to 2013 were reviewed and showed industry-related dental trauma. A CT scan obtained on August 23, 2013 showed partial edentulism and atrophic maxillary right alveolar ridge with recommended treatment such as osteotome sinus lift right maxillary, bone graft right maxillary, resorbable barrier membrane, and implant placement as sites #2 and #3. The patient was seen on 10/22/2013 for a periodontal maintenance visit and on 11/1/2013 for a reevaluation appointment; he was under care of dental implantation therapy and restorative treatment. The patient subsequently developed Peri-Implantitis and was receiving Perio prophylaxis to control Peri-Implantitis and other gum infections. Additionally, it was noted that the second stage of implant treatment was to be performed in March 2014, followed by restorative care. Utilization review dated December 12, 2013 modified the request for one D4910 perio & implant maintenance four times per year to one D4910 perio & implant maintenance four times per year between 12/4/2013 and 1/23/2014 because the guidelines would only recommend this type of service following active therapy. The request for prospective D4910 perio & implant maintenance four times per year between 12/4/2013 and 1/23/2014 was denied because guidelines would only recommend this type of service following active therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE D4910 PERIO & IMPLANT MAINTENANCE FOUR TIMES PER YEAR
BETWEEN 12/4/2013 AND 1/23/2014: Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive Periodontal Therapy: A Statement By The American Academy Of Periodontology, J Periodontal., 2011 Jul, (133 References) Pub Med External Web Site Policy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal Of Periodontology, Parameter On Periodontal Maintenance By The American Academy Of Periodontology.

Decision rationale: According to the article Journal of Periodontology, Parameter on Periodontal Maintenance , Periodontal maintenance is started after completion of active periodontal therapy and continues at varying intervals for the life of the dentition or its implant replacements. Periodontal maintenance procedures are supervised by the dentist and performed at selected intervals to assist the periodontal patient in maintaining oral health. In this case, the patient was noted to have partial edentulism and atrophic maxillary right alveolar ridge based on a CT scan done on August 23, 2013 for which implant placements were done on sites #2 and #3. However, the medical records show that the second stage of implant treatment was to be performed in March 2014, followed by restorative care. Guideline parameters clearly state that periodontal maintenance should be done following active periodontal therapy. The medical necessity of the procedure is not warranted at this time due to ongoing active therapy. As stated periodontal maintenance D4910 and D6080 are only warranted 6 months following periodontal surgical procedures and then for a maximum of 18 months until the patient demonstrates adequate hygiene. Therefore, the request for one D6080 Perio and Implant maintenance four times per year between are not medically necessary and appropriate.

**ONE D6080 PERIO & IMPLANT MAINTENANCE FOUR TIMES PER YEAR
BETWEEN 12/4/2013 AND 1/23/2014: Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive Periodontal Therapy: A Statement By The American Academy Of Periodontology. J Periodontal. 2011 Jul;82(7):943-9. (133 References) Pub Med External Web Site Policy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal Of Periodontology, Parameter On Periodontal Maintenance By The American Academy Of Periodontology.

Decision rationale: According to the article: Journal of Periodontology, Parameter on Periodontal Maintenance, Periodontal maintenance is started after completion of active periodontal therapy and continues at varying intervals for the life of the dentition or its implant replacements. Periodontal maintenance procedures are supervised by the dentist and performed at selected intervals to assist the periodontal patient in maintaining oral health. In this case, the patient was noted to have partial edentulism and atrophic maxillary right alveolar ridge based on

a CT scan done on August 23, 2013 for which implant placements were done on sites #2 and #3. However, the medical records show that the second stage of implant treatment was to be performed in March 2014, followed by restorative care. Guideline parameters clearly state that periodontal maintenance should be done following active periodontal therapy. The medical necessity of the procedure is not warranted at this time due to ongoing active therapy. As stated periodontal maintenance D4910 and D6080 are only warranted 6 months following periodontal surgical procedures and then for a maximum of 18 months until the patient demonstrates adequate hygiene. Therefore, the request for one D4910 Perio & Implant maintenance four times per year are not medically necessary and appropriate.