MAXIMUS Federal Services

Case Number:	CM14-0102973		
Date Assigned:	07/30/2014	Date of Injury:	10/28/2006
Decision Date:	09/12/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/03/2014

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 reviewed documents reveal that this is a 51 year old male patient with an industrial date of injury on 10/28/2006 which has resulted in a chronic habit of teeth grinding/jaw clenching (bruxism) as a response to the chronic orthopedic pain and psychological difficulties. This patient also displays dry mouth/xerostomia from the side effect of industrial medications that have been prescribed for them. Panel QME (Qualified Medical Evaluation) dentist Dr. [redacted] report dated 12/10/13 indicates that patient will need both future jaw/TMJ and dental teeth or gum treatments on an industrially related basis. Fillings need to be done on the teeth #6, 12, 21, and 28. Crowns need to be done on the teeth #3, 19, and 30.As it relates to this patient's industrially related xerostomia and Periodontal disease Dr. [redacted] recommends patient to receive one quadrant of deep scaling and root planning to the upper left quadrant and then he should have a regular adult periodontal cleaning.He recommends a WaterPik on an industrial basis to be used twice today in order to improve his personal oral hygiene... He also recommends patient be given periodic dental evaluations and saliva testing every six months in order to determine the condition of his salivary environment and to see if he is developing a clinically significant xerostomia condition or not... He further recommends patient be given the option to have a future ongoing jaw/TMJ/Bruxism appliance therapy... He also recommends treatment to include oral airway obstructive sleep appliance therapy to treat patient's sleep disorderTreating dentist Dr. [redacted] report dated April 14, 2014 indicates that x-rays taken as well as visual examination of the patient, revealed that the patient still presented with a fractured tooth #21, ... Patient now presents with abscessed teeth #5 and 10, all due to verified bruxism on industrial basis. Patient also presented with decayed teeth #3, 8, and 21 from the effects of Industrial the related xerostomia. Patient also presented with objective evidence of aggravated periodontal disease, due to xerostomia... Patient presents with periodontal disease/gum inflammation, where there

was objectively documented bleeding off the gum tissues and objectively documented bacterial biofilm deposits on their teeth as well as around and under their gums. Treating dentist Dr. [redacted] report dated 6/3/14 indicates patient also presented with decayed teeth #3, 6, 18 and 21.Dr. [redacted] reports dated 6/10/14 indicates objective findings of; Decayed teeth #3, 18, and 21Fracture of tooth #21, Abscess of teeth #5, 10, Swelling off the gum tissues, Scalloping of the lateral borders of his tongue bilaterally and Objectively disclosed bacterial biofilm deposits on his teeth and around his gums. Radiographic results indicate; Decay of teeth #3, 18, 21, Fracture of tooth #21 and Abscess of teeth #5, 10.In all of Dr [redacted] reviewed reports above, none mention the specific proposed requested treatments listed on the IMR application. They only mention this patient's objective findings and reference numerous different medical articles on bruxism, xerostomia and periodontal disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Abutment which includes placement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Head, Dental trauma treatment (facial fractures).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) " 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.".

Decision rationale: The requesting Dentist's Dr [redacted] IMR application signed by patient on 07/2/14 does not indicate which treatments are for which teeth and there is no detailed treatment plan which correlates each tooth to the proposed treatment in all of the records (1900+ pages) provided. Also, the requested treatment on IMR application is vague and this IMR reviewer is not clear on which proposed procedures are for which teeth. The proposed dental treatment may very well be medically necessary if it was made clear for which teeth. Absent further detailed documentation and clear rationale, make the request of Custom Abutment which includes placement not medically necessary and appropriate.

Biologic material to aid in soft and Osseous Tissue regeneration: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Head, Dental trauma treatment (facial fractures).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) " 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.".

Decision rationale: The requesting Dentist's Dr [redacted] IMR application signed by patient on 07/2/14 does not indicate which treatments are for which teeth andthere is no detailed treatment plan which correlates each tooth to the proposed treatment in all of the records (1900+ pages) provided. Also, the requested treatment on IMR application is vague and this IMR reviewer is not clear on which proposed procedures are for which teeth. The proposed dental treatment may very well be medically necessary if it was made clear for which teeth. Therefore, the request of Biologic material to aid in soft and Osseous Tissue regeneration is not medically necessary and appropriate.

Bone replacement graft-first site in quandrant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Head, Dental trauma treatment (facial fractures).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG" 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.".

Decision rationale: The requesting Dentist's Dr [redacted] IMR application signed by patient on 07/2/14 does not indicate which treatments are for which teeth and there is no detailed treatment plan which correlates each tooth to the proposed treatment in all of the records (1900+ pages) provided. Also, the requested treatment on IMR application is vague and this IMR reviewer is not clear on which proposed procedures are for which teeth. The proposed dental treatment may very well be medically necessary if it was made clear for which teeth. Therefore, the request of Bone replacement graft-first site in quadrant is not medically necessary and appropriate.

Implant-supported metal crown: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Head, Dental trauma treatment (facial fractures).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) " 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.".

Decision rationale: The requesting Dentist's Dr [redacted] IMR application signed by patient on 07/2/14 does not indicate which treatments are for which teeth and there is no detailed treatment

plan which correlates each tooth to the proposed treatment in all of the records (1900+ pages) provided. Also, the requested treatment on IMR application is vague and this IMR reviewer is not clear on which proposed procedures are for which teeth. The proposed dental treatment may very well be medically necessary if it was made clear for which teeth. Therefore, the request of Implant-supported metal crown is not medically necessary and appropriate.

Surgical placement implant body: Endosteal implant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Head, Dental trauma treatment (facial fractures).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) " 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.".

Decision rationale: The requesting Dentist's Dr [redacted] IMR application signed by patient on 07/2/14 does not indicate which treatments are for which teeth and there is no detailed treatment plan which correlates each tooth to the proposed treatment in all of the records (1900+ pages) provided. Also, the requested treatment on IMR application is vague and this IMR reviewer is not clear on which proposed procedures are for which teeth. The proposed dental treatment may very well be medically necessary if it was made clear for which teeth. As such, the request of surgical placement implant body: Endosteal implant is not medically necessary and appropriate.

Surgical Removal of Erupted Tooth requiring elevation of mucoperfosteal flap and removal of bone and/or section of tooth: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Head, Dental trauma treatment (facial fractures).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)" 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.".

Decision rationale: The requesting Dentist's Dr [redacted] IMR application signed by patient on 07/2/14 does not indicate which treatments are for which teeth andthere is no detailed treatment plan which correlates each tooth to the proposed treatment in all of the records (1900+ pages) provided. Also, the requested treatment on IMR application is vague and this IMR reviewer is not clear on which proposed procedures are for which teeth. Therefore, the request of Surgical Removal of Erupted Tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth is not medically necessary and appropriate.

Removal of Bone and/or section of tooth, Molar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Head, Dental trauma treatment (facial fractures).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) " 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.".

Decision rationale: The requesting Dentist's Dr [redacted] IMR application signed by patient on 07/2/14, does not indicate which treatments are for which teeth and there is no detailed treatment plan which correlates each tooth to the proposed treatment in all of the records (1900+ pages) provided. Also, the requested treatment on IMR application is vague and this IMR reviewer is not clear on which proposed procedures are for which teeth. The proposed dental treatment may very well be medically necessary if it was made clear for which teeth. Therefore, the request of removal of Bone and/or section of tooth, Molar is not medically necessary and appropriate.

Periodontal scaling(4 quandrants), every 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Head, Dental trauma treatment (facial fractures).

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 ofPeriodontology. J Periodontol2011 Jul; 82(7):943-9. [133 references]Periodontal Evaluation.

Decision rationale: Per reference cited above, "Patients should receive a comprehensive periodontal evaluation and their risk factors should be identified at least on an annual basis."The request non-specific request for Periodontal Scaling (4 quadrants) every 3 months is not medically necessary at this time, since the dental provider does not specify the duration of time he intends to perform periodontal scaling every 3 months.