

<b>Case Number:</b>	CM14-0104516		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/13/2009
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 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:

The records review by this IMR reviewer indicate that this is a 27-year-old patient who sustained multiple facial bone fractures including the maxilla and zygomatic arches due to a work related injury on 8/13/2009. The AME dentist, [REDACTED] report dated January 13, 2014, under discussion and conclusions section, page 13 of his report, states that at the present time, the patient needs to return to [REDACTED] office to have a loosened crown on tooth #6 replaced. The patient should also be provided with a post prosthetic intraoral orthotic to protect the reconstruction while sleeping at night. Treating dentist [REDACTED] progress report dated January 21, 2014 states under subjective complaints, the injured worker lost #6 porcelain crown. The patient states that one week ago he chewed on the crown unknowingly and it broke into many pieces. Under the treatment plan, [REDACTED] states emergency visits and PR2. The patient is seen with complaints of fractured and lost porcelain crown of #6. The patient states that he wears the lower orthotic every third night as he experiences jaw tightness if he does not wear it, as he clenches his teeth. Clinical examination revealed missing porcelain crown #6 due to clenching. Provisional crown fabricated to protect fractured off and lost crown. The patient is in need of a dental cleaning due to gingival inflammation and tartar buildup. Panoramic film and intraoral periapical film revealed intact of #6 and implant well integrated. Periodontal probing performed. Palliative treatment provided in the form of build-up and temporary crown of #6. Utilization review dentist [REDACTED] and his reports dated 6/12/14 states in this case, the claimant has been certified for tooth #6 build-up and PFM crown, and prophylaxis in claim review dated 2/21/14. There is no clear rationale why the claimant requires the same procedures to be performed. There is no evaluation of treatment response and adjustments to the procedures. With the lack of information of the clinical rationale for repeat treatment for tooth #6, the medical necessity is not established.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Tooth #6 Build-up:** Overturned

**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 Official Disability Guidelines (ODG), Head.

**Decision rationale:** Due to the fractured off and lost crown #6, this and medical reference mentioned above, IMR reviewer finds this request to be medically necessary.

### **Tooth #6 Provisional Crown:** Overturned

**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 Official Disability Guidelines (ODG), Head.

**Decision rationale:** Due to the fractured off and lost crown #6, this and medical reference mentioned above, IMR reviewer finds this request to be medically necessary.

### **Tooth #6 PFM Crown:** Overturned

**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 Official Disability Guidelines (ODG), Head.

**Decision rationale:** Due to the fractured off and lost crown #6, this and medical reference mentioned above, IMR reviewer finds this #6 PFM request to be medically necessary.

### **Prophylaxis:** Overturned

**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 Comprehensive Periodontal Therapy: A Statement by the American Academy of Periodontology.

**Decision rationale:** Due to the objective findings of gingival inflammation, tartar buildup, and slight inflammation around dental implants #7, 8, 9, and 10, this IMR reviewer finds this request of Prophylaxis to be medically necessary.

**Implant Maintenance Procedures:** Overturned

**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 J Clin Periodontol. 2012 Feb;39(2):173-81. doi: 10.1111/j.1600-051X.2011.01819.x. Epub 2011 Nov 23. Peri-implant disease in subjects with and without preventive maintenance: a 5-year follow-up. Costa FO1, Takenaka-Martinez S, Cota LO, Ferreira SD, Silva GL, Costa JE.

**Decision rationale:** According to reference cited above, preventive maintenance procedures are necessary to decrease the risks of developing peri-implantitis. Therefore, decision for Implant Maintenance Procedure is medically necessary.

**Bitewing Radiographs:** Overturned

**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 Comprehensive Periodontal Therapy: A Statement by the American Academy of Periodontology.

**Decision rationale:** Due to the medical reference mentioned above, IMR reviewer finds this request to be medically necessary to visualize each tooth and/or implant in its entirety and assess the quality/quantity of bone and establish bone loss patterns.

**Intraoral Periapical First Radiograph:** Overturned

**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 Comprehensive periodontal therapy: a statement by the American Academy of Periodontology.

**Decision rationale:** Due to the medical reference mentioned above, IMR reviewer finds this request to be medically necessary to visualize each tooth and/or implant in its entirety and assess the quality/quantity of bone and establish bone loss patterns.

**Oral Hygiene Instruction: Overturned**

**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 Comprehensive periodontal therapy: a statement by the American Academy of Periodontology.

**Decision rationale:** Due to the objective findings of gingival inflammation, tartar buildup and slight inflammation around dental implants #7, 8, 9, and 10, this IMR reviewer finds this request of oral hygiene instruction to be medically necessary.

**Peridex Oral Rinse: Overturned**

**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 Journal of Periodontology, Parameter on Chronic Periodontitis With Slight to Moderate Loss of Periodontal Support\* Volume 71- Number 5- May 2000 (Supplement).

**Decision rationale:** Due to the objective findings of gingival inflammation, tartar buildup and slight inflammation around dental implants #7, 8, 9, and 10, and per reference above from Journal of Periodontology, for initial therapy of periodontal disease should include: Antimicrobial agents or devices may be used as adjuncts. Therefore, this IMR reviewer finds Peridex Oral Rinse medically necessary for this patient.

**Intraoral Periapical Each Additional Radiograph: Overturned**

**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 Comprehensive periodontal therapy: a statement by the American Academy of Periodontology.

**Decision rationale:** Due to the medical reference mentioned above, IMR reviewer finds this request to be medically necessary to visualize each tooth and/or implant in its entirety and assess the quality/quantity of bone and establish bone loss patterns.

**Orthotic Appliance Adjustment: Overturned**

**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 Bruxism Management , Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA. Appliance Therapy.

**Decision rationale:** Since this patient will be receiving a new PFM crown #6, the patient's occlusion may be slightly altered, and therefore, an adjustment to the existing Orthotic Appliance will be medically necessary.