

<b>Case Number:</b>	CM14-0108990		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	08/10/2010
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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:

Records reviewed indicate this is a 61-year-old female individual, reports being injured on 08110/10 in the course of employment when she moved furniture for her classroom. This is an accepted injury QME/AME report dated January 10, 2014 of [REDACTED]. F.A.C.D. has diagnosed this patient with: Xerostomia Dental Caries, teeth number: 13, 14, 20, 21, 22, 23, 24, 25, 26, 27, 29 Missing teeth, teeth number: 1, 3, 15, 16, 17, 18, 19, 31, 32 Fractured teeth, teeth number: 20 - 30 FUTURE REPLACEMENTS Yes REPLACEMENT INTERVAL IN YEARS': 10 Per UR report, Treating dentist [REDACTED] is requesting: ITEM 1. "All on 4" upper and lower implants Q1Y: 8.00 ITEM 2. Bone Grafting Q1Y: 3.00 ITEM 3. Tissue Regeneration Q1Y: 8.00 ITEM 4. Laser Therapy Q1Y: 4.00 ITEM 5. Custom Abutments Q1Y: 8.00 ITEM 6. Extraction of all remaining teeth Q1Y: 1.00 ITEM 7. Laser Decontamination full month Q1Y: 1.00 All procedures mentioned above has approved by UR dentist, except: DENIED: ITEM 3: Tissue Regeneration UR dentist states: There is no obvious need from the clinical information submitted that tissue regeneration is medically necessary or appropriate. ITEM 4: Laser Therapy UR dentist states: Laser therapy would not be necessary in this case as all remaining teeth will be extracted. Laser therapy is not a commonly accepted procedure in a case like this. Therefore, the request for laser therapy is not medically necessary or appropriate. ITEM 7: Laser Decontamination full mouth UR dentist states: Laser decontamination therapy would not be necessary in this case as all remaining teeth will be extracted. Laser therapy is not a commonly accepted procedure in a case like this. The request for a full mouth laser decontamination is not medically necessary or appropriate. In the records provided, there were no recent dental report from the requesting dentist ([REDACTED]), documenting a clear rationale for the need of this procedure. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. This IMR

reviewer recommends non-certification at this time. This IMR reviewer will reconsider the dental treatment and procedure requests once complete Dental/Oral examination findings and records are available for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tissue Regeneration:** 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 Other Medical Treatment Guideline or Medical Evidence: J Oral Implantol. 2001;27(4):187-93. Extraction site reconstruction for alveolar ridge preservation. Part 1: rationale and materials selection. Bartee BK.

**Decision rationale:** [REDACTED] is planning to extract all of remaining teeth in this patient's mouth, and placing implants for an "all on 4" prosthesis. Per reference cited above, after extraction of teeth there is a progressive loss of alveolar ridge volume due to bone remodeling, and that "Guided bone regeneration techniques and the use of bone replacement materials have both been shown to enhance socket healing and modify the resorption process." Therefore, Tissue regeneration is medically necessary.

**Laser Therapy:** 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 Official Disability Guidelines (ODG) ODG Head(updated 06/04/13).

**Decision rationale:** The records provided did not document a clear rationale for the need of this procedure. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. The request for laser therapy is not medically necessary and appropriate.

**Laser Decontamination full mouth:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NCBI 2014 Jan 30, Clinical Outcomes of Using Lasers for Peri-Implantitis Surface Detoxification: A System Review and Meta-Analysis <http://www.ncbi.nlm.nih.gov/pubmed/24476547>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Head(updated 06/04/13).

**Decision rationale:** The records provided did not document a clear rationale for the need of this procedure. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. The request for laser decontamination full mouth is not medically necessary and appropriate.