

Case Number:	CM14-0010967		
Date Assigned:	02/21/2014	Date of Injury:	11/05/1999
Decision Date:	06/30/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/27/2014

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 Dentist 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:

According to UR report dated 12/30/13, the patient is a 63 year old male who got an industrial injury on 11/05/99. The patient was seen by [REDACTED] on 12/18/13 and reported that as a result of his initial injury, the patient underwent multiple surgeries on his shoulder and was given prescriptions for multiple medications that resulted in Xerostomia and rampant decay. [REDACTED] has reported that multiple teeth need to be extracted and replaced with implants and crowns. Periodontal disease with significant bone loss is present. [REDACTED] has requested the following treatment for the patient: -Extraction of hopeless teeth with bone grafting -Build ups/posts/Crowns on teeth with carious lesions -Root canal -Implants/abutments/crowns for replacement of extracted teeth -Night guard to protect teeth from wear -Socket lift #14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACTION OF HOPELESS TEETH & RPLCMNT W/ IMPLANTS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online version, Head Chapter Dental Trauma treatment (facial Fractures) 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, and accidental injury. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable.

Decision rationale: According to ODG Guidelines, "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, and accidental injury. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used (Krastl, 2011)" (Olate, 2010) 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. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and protective restoration. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. Rather than resting on the gum line like removable dentures, or using adjacent teeth as anchors like fixed bridges, dental implants are long-term replacements. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the used of dental implants an option for restoring traumatic tooth loss." Therefore, ODG guidelines Support the use of implants to replace missing teeth. Therefore, placement of implants is medically necessary.

PERIODONTAL SURGERY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of Periodontology 2000, Volume 71, Number 5pp.856-858.

Decision rationale: "In patients with chronic periodontitis with advanced loss of periodontal support, periodontal surgery should be considered. A variety of surgical treatment modalities may be appropriate in managing the patient. 1. Gingival augmentation therapy 2. Regenerative therapy: A. Bone replacement grafts; B. Guided tissue regeneration; C. Combined regenerative techniques. 3. Resective therapy: A. Flaps with or without osseous surgery; B. Root resective therapy; C. Gingivectomy." According to the parameters listed by the above citation, periodontal surgery is medically necessary for this patient, as it has already been established that the patient has periodontal disease with significant bone loss.

CARIOUS MANAGEMENT ASSESSMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna.com.

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:

Decision rationale: Since the treating dentist will be treating the patient for Xerostomia (dry mouth), and the patient has been diagnosed with rampant decay, then the treating dentist must already have an assessment of this patient's caries risk. And the patient will be managed with treatment of Xerostomia and the existing decay with crowns/bridges/extractions. Therefore, carious management assessment is not medically necessary.

EXTRACTION OF TEETH WITH NON-RESTORABLE CARIOUS LESIONS:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Atena.com

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:

Decision rationale: "Indications Teeth are important for aesthetic purposes and for maintaining masticatory function. Accordingly, all efforts to avoid tooth extraction must be exhausted before the decision is made to proceed with removal of a tooth. Nevertheless, there are circumstances in which it is clear that a tooth must be extracted, such as the following: - A tooth that cannot be restored, because of severe caries - A mobile tooth with severe periodontal disease, pulp necrosis, or periapical abscess, for which root canal treatment is required that the patient cannot afford (or for which endodontic treatment failed) - Overcrowding of teeth in the dental arch, resulting in orthodontic deformity[1] " Therefore the teeth that have been diagnose as being non-restorable (hopeless) will have to be extracted, and therefore the extraction of teeth with non-restorable carious lesions is a medical necessity.

MANAGEMENT OF XEROSTOMIA: Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gerodontology. 2003 Dec;20(2):64-77: Xerostomia: clinical aspects and treatment. Cassolato SF1, Turnbull RS.

Decision rationale: Gerodontology. 2003 Dec; 20(2):64-77: Xerostomia: clinical aspects and treatment. Cassolato SF1, Turnbull RS. "Xerostomia can cause oral discomfort, especially for denture wearers. Patients are at increased risk of developing dental caries. A thorough intraoral

and extra-oral clinical examination is important for diagnosis. Treatment may include the use of salivary substitutes (Biotene), salivary stimulants such as pilocarpine, ongoing dental care, and caries prevention, a review of the current prescription drug regimen and possible elimination of drugs having anticholinergic effects." According to above citation, the management of Xerostomia is medically necessary.