MAXIMUS Federal Services

Case Number:	CM14-0110211		
Date Assigned:	08/08/2014	Date of Injury:	08/07/1996
Decision Date:	09/16/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	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:

This case involves a 49 year old female who sustained an industrial injury on 08/03/1996. She has extensive teeth decay caused by medication induced xerostomia. The AME dental/orofacial pain re-evaluation report dated 11/01/10 indicates that the injured worker has been diagnosed with bruxism/clenching, cephalgia, dental caries of teeth #s 5,7,8,9,12,14,20,22,26,27, and 30, chronic generalized periodontitis, internal derangement of bilateral TMJ, osteoarthritis of bilateral TMJs and xerostomia. The AME recommends future medical treatment including neuromuscular bite management for the TMD, extraction of all remaining teeth, Maxillary arch all on four fixed hybrid prosthesis, mandibular arch all on four fixed hybrid prosthesis, and sedation during surgery. The requesting dentist reports on 04/29/2014, that due to the complexity of the injured worker's medical and psychological issues it is impossible to do all on four type prosthesis. It is noted that the injured worker cannot have any form of general anesthesia or IV sedation because it caused the injured worker to stop breathing. The injured worker wants all of the dental work to be completed with local anesthesia and in very short appointments. The provider recommends a comprehensive treatment plan including extraction of multiple teeth with implant replacement, as well as Maxillary transitional denture to replace #6-11 and mandibular partial denture to replace 23-27. The UR dentist states, as noted in the AME report, implants are supported with four implants for the maxilla and four for the mandible. With implants, bone grafting is supported. The UR dentist has recommended partial certification of implants, implant crowns and bone grafting for teeth #6, 7, 11, 12, 22, 23, 26 and 27. Implant 7-10 and Implant Bridge 23-26 are supported as are the Maxillary transitional denture to replace 6-11 and the mandibular transitional denture to replace 23-27. The UR dentist further states that the injured worker is approved for extraction of all remaining teeth due to excessive decay caused by medication induced xerostomia. However, given the fact that the injured worker has

complicating factors, such as severe xerostomia, bruxism, and significant periodontal disease, it is not clear that proceeding with implants is the most appropriate course of treatment at this time. There is no documentation of a clear rationale for implant restoration over the option of conventional complete upper and lower dentures. Thus, the request for implants was not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental Implant Radiographic and Surgical Guide for the Maxilla and mandible: 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 Other Medical Treatment Guideline or Medical Evidence: 1. Clin Oral Implants Res. 2013 Dec 31. doi: 10.1111/clr.12319. Periodontitis, implant loss and peri-implantitis. A meta-analysis. Sgolastra F1, Petrucci A, Severino M, Gatto R, Monaco A.2. Clin Oral Implants Res. 2003 Jun;14(3):329-39. Long-term implant prognosis in patients with and without a history of chronic periodontitis: a 10-year prospective cohort study of the ITI Dental Implant System. Karoussis IK1, Salvi GE, Heitz-Mayfield LJ, BrÃ¤gger U, HÃ¤mmerle CH, Lang NP.3. Evid Based Dent. 2014 Jun;15(2):59-60. Periodontitis and dental implant loss. Lee DW.

Decision rationale: Since Implants are not medically necessary, then Sinus Lift is not medically necessary.

Referral to Oral and Maxillofacial Surgeon for Evaluation x1 office vist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Based on ACOEM Guidelines, Chapter 7, Page 127, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise.

Decision rationale: Based on this patient's dental condition the request for a referral to Oral and Maxillofacial Surgeon is medically necessary.

Periodontal Maintenance every 2 months: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol2011 Jul; 82(7):943-9.[133 references], Periodontal Evaluation.

Decision rationale: This patient has been diagnosed with chronic generalized periodontitis. Therefore, per reference cited above, periodontal maintenance is medically necessary.

Bone graft and membrane #6, 7, 11, 12, 22, 23, 26, and 27: 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) Dental trauma.

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: 1. Clin Oral Implants Res. 2013 Dec 31. doi: 10.1111/clr.12319. Periodontitis, implant loss and peri-implantitis. A meta-analysis. Sgolastra F1, Petrucci A, Severino M, Gatto R, Monaco A.2. Clin Oral Implants Res. 2003 Jun;14(3):329-39. Long-term implant prognosis in patients with and without a history of chronic periodontitis: a 10-year prospective cohort study of the ITI Dental Implant System. Karoussis IK1, Salvi GE, Heitz-Mayfield LJ, BrÃ¤gger U, HÃ¤mmerle CH, Lang NP.3. Evid Based Dent. 2014 Jun;15(2):59-60. Periodontitis and dental implant loss. Lee DW.

Decision rationale: Since Implants are not medically necessary, then bone graft and membrane are not medically necessary.

Implants #6, 7, 11, 12, 22, 23, 26, and 27: 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) Dental Trauma.

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: 1. Clin Oral Implants Res. 2013 Dec 31. doi: 10.1111/clr.12319. Periodontitis, implant loss and peri-implantitis. A meta-analysis. Sgolastra F1, Petrucci A, Severino M, Gatto R, Monaco A.2. Clin Oral Implants Res. 2003 Jun;14(3):329-39. Long-term implant prognosis in patients with and without a history of chronic periodontitis: a 10-year prospective cohort study of the ITI Dental Implant System. Karoussis IK1, Salvi GE, Heitz-Mayfield LJ, BrÃ¤gger U, HÃ¤mmerle CH, Lang NP.3. Evid Based Dent. 2014 Jun;15(2):59-60. Periodontitis and dental implant loss. Lee DW.

Decision rationale: "Strong evidence suggests that periodontitis is a risk factor for implant loss; moderate evidence revealed that periodontitis is a risk factor for peri-implantitis and that patients with periodontitis have higher implant-bone loss."(Sqolastra, 2013) "Patients with implants replacing teeth lost due to chronic periodontitis demonstrated lower survival rates and more biological complications than patients with implants replacing teeth lost due to reasons other than periodontitis during a 10-year maintenance period." (Karoussis, 2003) "Conclusions: Strong evidence suggests that periodontitis is a risk factor for implant loss; moderate evidence revealed

that periodontitis is a risk factor for peri-implantitis and that patients with periodontitis have higher implant-bone loss." (Lee, 2014) According to the above mentioned citations, Implants placed in a patient with a history of periodontitis have a poor prognosis. The AME report stated that patient has chronic generalized periodontitis. Therefore, Implant placements in this patient are not medically necessary.

Vertical Sinus Lift #3, 4 and 13: 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 Other Medical Treatment Guideline or Medical Evidence: 1. Clin Oral Implants Res. 2013 Dec 31. doi: 10.1111/clr.12319. Periodontitis, implant loss and peri-implantitis. A meta-analysis. Sgolastra F1, Petrucci A, Severino M, Gatto R, Monaco A.2. Clin Oral Implants Res. 2003 Jun;14(3):329-39. Long-term implant prognosis in patients with and without a history of chronic periodontitis: a 10-year prospective cohort study of the ITI Dental Implant System. Karoussis IK1, Salvi GE, Heitz-Mayfield LJ, BrÃ¤gger U, HÃ¤mmerle CH, Lang NP.3. Evid Based Dent. 2014 Jun;15(2):59-60. Periodontitis and dental implant loss. Lee DW.

Decision rationale: Since Implants are not medically necessary, then Sinus Lift is not medically necessary.

Cuatom Abutments #3, 4, 5, 6, 7, 10, 11, 12, 13, 20, 21, 22,28, 29 and 30: 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 Other Medical Treatment Guideline or Medical Evidence: 1. Clin Oral Implants Res. 2013 Dec 31. doi: 10.1111/clr.12319. Periodontitis, implant loss and peri-implantitis. A meta-analysis. Sgolastra F1, Petrucci A, Severino M, Gatto R, Monaco A.2. Clin Oral Implants Res. 2003 Jun;14(3):329-39. Long-term implant prognosis in patients with and without a history of chronic periodontitis: a 10-year prospective cohort study of the ITI Dental Implant System. Karoussis IK1, Salvi GE, Heitz-Mayfield LJ, BrÃ¤gger U, HÃ¤mmerle CH, Lang NP.3. Evid Based Dent. 2014 Jun;15(2):59-60. Periodontitis and dental implant loss. Lee DW.

Decision rationale: Since Implants are not medically necessary, then Custom abutments are not medically necessary.

Implants crowns #6, 11, 12, 22, and 27: 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 Other Medical Treatment Guideline or Medical Evidence: 1. Clin Oral Implants Res. 2013 Dec 31. doi: 10.1111/clr.12319. Periodontitis, implant loss and peri-implantitis. A meta-analysis. Sgolastra F1, Petrucci A, Severino M, Gatto R,

Monaco A.2. Clin Oral Implants Res. 2003 Jun;14(3):329-39. Long-term implant prognosis in patients with and without a history of chronic periodontitis: a 10-year prospective cohort study of the ITI Dental Implant System. Karoussis IK1, Salvi GE, Heitz-Mayfield LJ, BrÃ¤gger U, HÃ¤mmerle CH, Lang NP.3. Evid Based Dent. 2014 Jun;15(2):59-60. Periodontitis and dental implant loss. Lee DW.

Decision rationale: Since Implants are not medically necessary, then Implant crowns are not medically necessary.

Implants Bridge 7-10: 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 Other Medical Treatment Guideline or Medical Evidence: 1. Clin Oral Implants Res. 2013 Dec 31. doi: 10.1111/clr.12319. Periodontitis, implant loss and peri-implantitis. A meta-analysis. Sgolastra F1, Petrucci A, Severino M, Gatto R, Monaco A.2. Clin Oral Implants Res. 2003 Jun;14(3):329-39. Long-term implant prognosis in patients with and without a history of chronic periodontitis: a 10-year prospective cohort study of the ITI Dental Implant System. Karoussis IK1, Salvi GE, Heitz-Mayfield LJ, BrÃ¤gger U, HÃ¤mmerle CH, Lang NP.3. Evid Based Dent. 2014 Jun;15(2):59-60. Periodontitis and dental implant loss. Lee DW.

Decision rationale: "Strong evidence suggests that periodontitis is a risk factor for implant loss; moderate evidence revealed that periodontitis is a risk factor for peri-implantitis and that patients with periodontitis have higher implant-bone loss."(Sqolastra, 2013) "Patients with implants replacing teeth lost due to chronic periodontitis demonstrated lower survival rates and more biological complications than patients with implants replacing teeth lost due to reasons other than periodontitis during a 10-year maintenance period." (Karoussis, 2003) "Conclusions: Strong evidence suggests that periodontitis is a risk factor for implant loss; moderate evidence revealed that periodontitis is a risk factor for peri-implantitis and that patients with periodontitis have higher implant-bone loss." (Lee, 2014) According to the above mentioned citations, Implants placed in a patient with a history of periodontitis have a poor prognosis. The AME report stated that patient has chronic generalized periodontitis. Therefore, Implant placements in this patient are not medically necessary.

Implant Bridge 23-26-23: 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 Other Medical Treatment Guideline or Medical Evidence:1. Clin Oral Implants Res. 2013 Dec 31. doi: 10.1111/clr.12319. Periodontitis, implant loss and peri-implantitis. A meta-analysis. Sgolastra F1, Petrucci A, Severino M, Gatto R, Monaco A.2. Clin Oral Implants Res. 2003 Jun;14(3):329-39. Long-term implant prognosis in patients with and without a history of chronic periodontitis: a 10-year prospective cohort study of the ITI Dental Implant System. Karoussis IK1, Salvi GE, Heitz-Mayfield LJ, BrÃ¤gger U, HÃ¤mmerle CH, Lang NP.3. Evid Based Dent. 2014 Jun;15(2):59-60. Periodontitis and dental implant loss. Lee DW.

Decision rationale: "Strong evidence suggests that periodontitis is a risk factor for implant loss; moderate evidence revealed that periodontitis is a risk factor for peri-implantitis and that patients with periodontitis have higher implant-bone loss."(Sqolastra, 2013) "Patients with implants replacing teeth lost due to chronic periodontitis demonstrated lower survival rates and more biological complications than patients with implants replacing teeth lost due to reasons other than periodontitis during a 10-year maintenance period." (Karoussis, 2003) "Conclusions: Strong evidence suggests that periodontitis is a risk factor for implant loss; moderate evidence revealed that periodontitis is a risk factor for peri-implantitis and that patients with periodontitis have higher implant-bone loss." (Lee, 2014) According to the above mentioned citations, Implants placed in a patient with a history of periodontitis have a poor prognosis. AME report stated that patient has chronic generalized periodontitis. At this time, therefore, Implant placements in this patient are not medically necessary.

Deliver Maxillary Transitional denture:

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 Int J Oral Maxillofac Implants. 2001 Jul-Aug; 16(4):583-9. Kinsel RP1, Lamb RE.

Decision rationale: This patient will be losing her maxillary teeth, and potentially receiving implants in the future. Therefore, per reference cited above, a Maxillary transitional denture is medically necessary.