

Case Number:	CM14-0110296		
Date Assigned:	08/01/2014	Date of Injury:	10/30/1988
Decision Date:	09/11/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/15/2014

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:

Records reviewed reveal this is a 57 year old male with a industrial date of injury on 6/23/2003. Treating Dentist [REDACTED], report dated 06/11/14 indicates objective findings of maximum interincisal opening 30 mm, doppler confirms crepitus right and left TMJ with translational and lateral movements of mandible, trigger points facial, neck and shoulder muscles, Electromyography (EMG) elevated muscular activity within coordination and aberrant function of facial musculature, temperature gradient studies abnormal temperature reading comparing one side to other, decayed teeth #8, 9, 12, 14, 29; missing teeth #18 & 19; missing a bridge 12-14 and crown tooth #20; teeth indentations and scalloping lateral border tongue bilaterally; increase in alpha amylase enzyme 293 KIU/Liter; gum inflammation with swelling of gum tissue; tongue depressor stuck to cheek; biofilm deposits on teeth and around gum tissue.

[REDACTED] believes these findings are from industrially related xerostomia and bruxism. [REDACTED] on 06/12/14 is requesting: Full mouth periodontal scaling of all four (4) quadrants every three (3) months. Utilization Review (UR) has denied this due to no findings of redness, gingival bleeding with manipulation, plaque and calculus, documentation of attachment loss and radiographs, no reports of when the patient last had a dental prophylactic treatment to determine if he is due for dental cleaning. Unknown treat teeth as needed restoration and/or root canals or crowns or surgical extractions and implants with restorations on top of the implant. UR dentist has denied this based on no documentation of significant breakdown of the clinical crown with minimum of 50% bone support to suggest the necessity for crown, no finding of fractured or hopeless teeth to suggest extraction. 1 extraction bone graft with covering membrane, dental implant, custom abutment and PFM crown. 1 bone graft with covering membrane, dental implant, custom abutment and PFM crowns for teeth # 18 and 19. UR has denied this based on no description of the events that lead to the loss of the teeth and duration. No evidence of

radiographically verifiable vertical bone loss of teeth 18 and 19 or that patient is free of any active periodontal disease to suggest mouth is ready for maintenance treatment of a crown. 1 filling root canal, post crown, extraction bone graft with covering membrane, dental implant custom abutment and PFM crown teeth #8, 9, 12, 14, and 29. UR denied this based on no clinical documentation, no evidence of caries in close approximation to the pulpal area, peripical radiolucency or widening of the periodontal ligament in the apical region, extensive breakdown in coronal tooth structure, apical pathology or draining fistula, no evidence of pathological destruction of the tooth by caries or trauma, no evidence the patient is free of any active periodontal disease, no evidence of radiographically verifiable vertical bone loss. 1 extraction of tooth #3 with three (3) bone grafts, three (3) implant placements, three (3) custom abutment and three (3) crowns on tooth #3 UR dentist denied this request due to no findings to indicate tooth is hopeless and requires extraction and implant. - 1 sites on tooth #3, #4, and #5 implant supported fixed prosthesis UR denied this due to request for extraction of tooth #3 in denied therefore this request of 1 sites on tooth #3, #4, and #5 implant supported fixed prosthesis is also denied 1) porcelain fused to metal crown on tooth #20. UR has denied this due to no clinical documentation, no evidence of pathological destruction of the tooth by caries or trauma, or evidence of involvement of three or more surgaces and at least one cusp, no evidence of patient being free of any active periodontal disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) full mouth periodontal scaling of all four (4) quadrants every three (3) months:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics guidelines for the diagnosis and treatment of periodontal diseases. Minneapolis (MN): HealthPartners Dental Group; 2011 Dec 9. 37p.

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.

Decision rationale: Although full mouth periodontal scaling of all 4 quadrants may be indicated and medically necessary at this time, One (1) full mouth periodontal scaling of all four (4) quadrants every three (3) months for an unspecified amount of time is not medically necessary. Patient needs to be re-evaluated on an annual basis to identify the specific dental needs of this patient at that given time.

Unknown treat teeth as needed restoration and/or root canals or crowns or surgical extractions and implants with restorations on top of the implants: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics

treatment planning guidelines. Minneapolis (MN): HealthPartners Dental Group; 2009 Mar 23. 10p.; Comprehensive periodontal therapy.

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: Medscape Reference: Tooth Extraction.

Decision rationale: The provider has not specified in his report which teeth will need restoration and/or root canals or crowns or surgical extractions and implants with restorations on top of the implants as requested. The provider has diagnosed the patient with Temporomandibular joint dysfunction (TMJ), decayed teeth #8, 9, 12, 14 & 29; missing teeth #18 & 19; missing a bridge 12-14 and crown tooth #20, gum inflammation, and xerostomia. There is no further documentation indicating that any teeth may have hopeless diagnosis and will need extraction, or any documentation regarding patient dental pain, pulp vitality testing, or caries penetrating pulp on radiographs, that would justify need for root canals. Therefore, the non-specific request for restoration and/or root canals or crowns or surgical extractions and implants with restorations on top of the implants is not medically necessary at this time.

One (1) extraction bone graft with covering membrane, dental implant, custom abutment and PFM crown: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics treatment planning guidelines. Minneapolis (MN): HealthPartners Dental Group; 2009 Mar 23. 10p.; Comprehensive periodontal therapy.

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: Medscape Reference: Tooth Extraction.

Decision rationale: The provider has not specified in his report which teeth will need One (1) extraction bone graft with covering membrane, dental implant, custom abutment and PFM crown as requested. The provider has diagnosed the patient with Temporomandibular joint dysfunction (TMJ), decayed teeth #8, 9, 12, 14 & 29; missing teeth #18 & 19; missing a bridge 12-14 and crown tooth #20, gum inflammation, and xerostomia. There is no further documentation indicating that any teeth may have hopeless diagnosis and will need extraction. Therefore, the non-specific request One (1) extraction bone graft with covering membrane, dental implant, custom abutment and PFM crown is not medically necessary at this time.

One (1) bone graft with covering membrane, dental implant, custom abutment and PFM crowns for teeth # 18 and 19: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics treatment planning guidelines. Minneapolis (MN): HealthPartners Dental Group; 2009 Mar 23. 10p.; Comprehensive periodontal therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head. Other Medical Treatment Guideline or Medical Evidence: Medscape Reference. Dental Implant Placement.

Decision rationale: Since this patient is missing teeth #18 and #19, and in reference to citations listed above, One (1) bone graft with covering membrane, dental implant, custom abutment and PFM crowns for teeth # 18 and 19 is medically necessary.

One (1) filling root canal, post crown, extraction bone graft with covering membrane, dental implant custom abutment and PFM crown teeth #8, 9, 12, 14, and 29: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics treatment planning guidelines. Minneapolis (MN): HealthPartners Dental Group; 2009 Mar 23. 10p.; Comprehensive periodontal therapy.

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: Medscape Reference: Tooth Extraction.

Decision rationale: The provider has diagnosed the patient with Temporomandibular joint dysfunction (TMJ), decayed teeth #8, 9, 12, 14 & 29; missing teeth #18 & 19; missing a bridge 12-14 and crown tooth #20, gum inflammation, and xerostomia. There is no further documentation indicating that teeth #8, 9, 12, 14 & 29 may have hopeless diagnosis and will need extraction, or any documentation regarding patient dental pain, pulp vitality testing, or caries penetrating pulp on radiographs, that would justify need for root canals. Therefore, the non-specific request for One (1) filling root canal, post crown, extraction bone graft with covering membrane, dental implant custom abutment and PFM crown teeth #8, 9, 12, 14, and 29 are not medically necessary at this time.

One (1) extraction of tooth #3 with three (3) bone grafts, three (3) implant placements, three (3) custom abutment and three (3) crowns on tooth #3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics treatment planning guidelines. Minneapolis (MN): HealthPartners Dental Group; 2009 Mar 23. 10p.; Comprehensive periodontal therapy.

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: Medscape Reference: Tooth Extraction.

Decision rationale: The provider has diagnosed the patient with Temporomandibular joint dysfunction (TMJ), decayed teeth #8, 9, 12, 14 & 29; missing teeth #18 & 19; missing a bridge

12-14 and crown tooth #20, gum inflammation, and xerostomia. There is no further documentation indicating that tooth #3 may have hopeless diagnosis and will need extraction, or any documentation regarding patient dental pain, pulp vitality testing, or caries penetrating pulp on radiographs. Or any documented amount of periodontal bone loss, or tooth mobility. Therefore, the request for One (1) extraction of tooth #3 with three (3) bone grafts, three (3) implant placements, three (3) custom abutment and three (3) crowns on tooth #3 is not medically necessary at this time.

One (1) sites on tooth #3, #4, and #5 implant supported fixed prosthesis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics treatment planning guidelines. Minneapolis (MN): HealthPartners Dental Group; 2009 Mar 23. 10p.; Comprehensive periodontal therapy.

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: Medscape Reference: Tooth Extraction.

Decision rationale: The provider has diagnosed the patient with Temporomandibular joint dysfunction (TMJ), decayed teeth #8, 9, 12, 14, 29; missing teeth #18 & 19; missing a bridge 12-14 and crown tooth #20, gum inflammation, and xerostomia. There is no further documentation indicating that tooth #3 may have hopeless diagnosis and will need extraction, or any documentation regarding patient dental pain, pulp vitality testing, or caries penetrating pulp on radiographs. Or any documented amount of periodontal bone loss, or tooth mobility. Therefore, since the request for One (1) extraction of tooth #3 with three (3) bone grafts, three (3) implant placements, three (3) custom abutment and three (3) crowns on tooth #3 is not medically necessary at this time, then the request for One (1) sites on tooth #3, #4, and #5 implant supported fixed prosthesis is not medically necessary.

One (1) porcelain fused to metal crown on tooth #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics treatment planning guidelines. Minneapolis (MN): HealthPartners Dental Group; 2009 Mar 23. 10p.; Comprehensive periodontal therapy.

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: The provider has diagnosed the patient with Temporomandibular joint dysfunction (TMJ), decayed teeth #8, 9, 12, 14 & 29; missing teeth #18 & 19; missing a bridge 12-14 and crown tooth #20, gum inflammation, and xerostomia. There is no further documentation indicating that tooth #20 has any kind of recurrent decay as seen intra-orally or radiographically. Therefore, One (1) porcelain fused to metal crown on tooth #20 is not medically necessary.

