

Case Number:	CM14-0121485		
Date Assigned:	08/06/2014	Date of Injury:	02/03/1995
Decision Date:	09/11/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/01/2014

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 indicate that this is a 51-year-old female who sustained an injury to her back on 2/3/95 as a result of the work related accident when patient was employed as a registered nurse for [REDACTED]. Dental qualified medical exam (QME) Dr. [REDACTED] report dated 6/3/08 indicates in his opinion that this patient sustained an aggravation of pre-existing para-functional activities of clenching and bruxism, cephalgia, as well as dryness of the mouth/xerostomia, which has resulted in dental caries and fractured teeth, was the orthopedic injury which the patient sustained while employed as a registered nurse for [REDACTED]. Dr. [REDACTED] recommended several dental treatments to numerous teeth under industrial injury. Treating dentist Dr. [REDACTED] DDS is now requesting dental evaluation, implants. However there are no recent reports available from Dr. [REDACTED]. This IMR reviewer is unclear on which dental treatment (that was recommended by Dr. [REDACTED]) has been performed on this patient, if any.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental Evaluation for Dental Implants: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 127 Official Disability Guidelines: Head (Updated 6/9/14) Office Visits Official Disability Guidelines: Codes for Automated Approval CAA, Designed to Automate Claims Management Decision Making, Indicates the Number of E & E Office Visits

Codes (99201-99285) Official Disability Guidelines: Head (Updated 6/9/14); Dental Trauma Treatment (Facial Fractures Official Disability Guidelines: Head Guidelines Specifically State That Dental Care Repair is Only Allowed if the Patient had Direct Trauma to the Dentition.

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: This IMR reviewer finds the request for Dental Evaluation to be medically necessary due to the causation findings of QME Dentist Dr. [REDACTED] report dated 06/03/2008. However, dental implants are not medically necessary at this time; until this IMR reviewer receives recent dental documentation from treating dentist regarding which dental treatments (recommended by QME Dr. [REDACTED]) has been performed so far. Therefore, the requested dental evaluation for dental implants is medically necessary.

Dental Implants: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 127 Official Disability Guidelines: Head (Updated 6/9/14); Dental Trauma Treatment (Facial Fractures Official Disability Guidelines: Head Guidelines Specifically State That Dental Care Repair is Only Allowed if the Patient had Direct Trauma to the Dentition.

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: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references] Periodontal Evaluation. A comprehensive assessment of a patient's current health status, history of disease, and risk characteristics is essential to determine the periodontal diagnosis and prognosis of the dentition and/or the suitability of dental implants. Patients should receive a comprehensive periodontal evaluation and their risk factors should be identified at least on an annual basis. Such an evaluation includes discussion with the patient regarding his/her chief complaint, medical and dental history review, clinical examination, and radiographic analysis. Microbiologic, genetic, biochemical, or other diagnostic tests may also be useful, on an individual basis, for assessing the periodontal status of selected individuals or sites. The following procedures should be included in a comprehensive periodontal evaluation: 1. Extra- and intraoral examination to detect nonperiodontal oral diseases or conditions 2. Examination of teeth and dental implants to evaluate the topography of the gingiva and related structures; to measure probing depths, the width of keratinized tissue, gingival recession, and attachment level; to evaluate the health of the subgingival area with measures such as bleeding on probing and suppuration; to assess clinical furcation status; and to detect endodontic-periodontal lesions. Assessment of the presence, degree, and/or distribution of plaque biofilm, calculus, and gingival inflammation 4. Dental examination

including caries assessment, proximal contact relationships, the status of dental restorations and prosthetic appliances, and other tooth- or implant-related problems⁵. An occlusal examination that includes, but may not be limited to, determining the degree of mobility of teeth and dental implants, occlusal patterns and discrepancy, and determination of fremitus⁶. Interpretation of current and comprehensive diagnostic-quality radiographs to visualize each tooth and/or implant in its entirety and assess the quality/quantity of bone and establish bone loss patterns.

Decision rationale: In this case, there is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. Also this IMR reviewer is unclear on which dental treatments recommended by QME Dentist Dr. [REDACTED] back in 06/03/2008 has been provided to this patient so far, if any. Absent further recent detailed documentation and clear rationale, the medical necessity for this request is not evident. Therefore, Dental Implants are not found to be medically necessary at this time.