Case Number:	CM14-0123905		
Date Assigned:	08/08/2014	**Date of Injury:**	01/09/1996
Decision Date:	09/11/2014	**UR Denial Date:**	07/30/2014
Priority:	Standard	**Application Received:**	08/06/2014

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:

The injured worker is a 50-year-old female patient who sustained injury on 01/09/96.QME report of [redacted] DDS dated 11/04/2002 states: "[redacted] loss of teeth 4-9, internal derangements of her TMJs, myofascial pain of the muscles of mastication, TMJ areas, and referral to the craniocervical areas as well as her bruxism habit are all industrially related to her injury which occurred on January 9, 1996. In terms of future care regarding her dentition and her partial denture, dental restorations in general have an average life expectancy of 8-12 years, including [redacted] crowns and her partial denture. As [redacted] is only 38 years old, it would not be unreasonable to expect her partial denture and the crowns that they attach to, to be replaced 3-4 times in her lifetime. A nightguard has an average life expectancy of 4-6 years"On 04/27/14, treating dentist has found fractured tooth #3 and recommends CT scan. On IMR application dated 08/05/14 by [redacted], states "new partial upper denture to fix broken partial."

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan, maxilla alveolar bone measurements: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: Implant Soc. 1995;5(5):7-11.Radiographic

modalities for diagnosis and treatment planning in implant dentistry. Garg AK1, Vicari A.1Center for Dental Implants, Division of Oral/Maxillofacial Surgery & Dentistry, University of Miami School of Medicine, Florida, USA.Early in the development of implant technology it became apparent that conventional dental imaging techniques were limited for evaluating patients for implant surgery. During the treatment planning phase, the recipient bed is routinely assessed by visual examination and palpation, as well as by periapical and panoramic radiology. These two imaging modalities provide a two-dimensional image of mesial-distal and occlusal-apical dimensions of the edentulous regions where implants might be placed. When adequate occlusal-apical bone height is available for endosteal implants, the buccal-lingual width and angulation of the available bone are the most important criteria for implant selection and success. However, neither buccal-lingual width nor angulation can be visualized on most traditional radiographs. Although clinical examination and traditional radiographs may be adequate for patients with wide residual ridges that exhibit sufficient bone crestal to the mandibular nerve and maxillary sinus, these methods do not allow for precise measurement of the buccolingual dimension of the bone or assessment of the location of unanticipated undercuts. For these concerns, it is necessary to view the recipient site in a plane perpendicular to a curved plane through the arch of the maxilla or mandible in the region of the proposed implants. Implant dentists soon recognized that, for optimum placement of implants, cross-sectional views of the maxilla and mandible were the ideal means of providing necessary pre-operative information. Today, the two most often employed and most applicable radiographic studies for implant treatment planning are the panoramic radiograph and tomography. Although distortion can be a major problem with panoramic radiographs, when performed properly they can provide valuable information, and are both readily accessible and cost efficient. To help localize potential implant sites and assist in obtaining accurate measurements, it is recommended that surgical stents be used with panoramic radiographs. In simple cases, where a limited number of implants are to be placed, panoramic radiography and/or tomography may be used to obtain a view of the arch of the jaw in the area of interest. For complex, cases, where multiple implants are required, the CT scan imaging procedure is recommended. Because of its ability to reconstruct a fully three dimensional model of the maxilla and mandible, CT provides a highly sophisticated format for precisely defining the jaw structure and locating critical anatomic structures. The use of CT scans in conjunction with software that renders imm

Decision rationale: On 04/27/14, the treating dentist has found fractured tooth #3 and recommends CT scan. Based on objective findings of QME dentist [redacted] and treating dentist [redacted] and the medical reference mentioned above, the request for CT scan, maxilla alveolar bone measurements is not medically necessary and appropriate.

New partial upper denture to fix broken partial per 4/10/14 form: 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 Official Disability Guidelines (ODG) ODG Head(updated 06/04/13) Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprise 5 percent of all injuries for which people seek

treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. 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 a 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 use of dental implants an option for restoring traumatic tooth loss. The placement of dental implants can have deleterious effects on the growing alveolar process, and it is necessary to delay implant reconstruction until the cessation of skeletal or alveolar growth. In situations where replacement of the tooth is accomplished by dental implants, the dental crown is also included.

Decision rationale: QME dated 11/04/2002 states: "[redacted] loss of teeth 4-9, internal derangements of her TMJs, myofascial pain of the muscles of mastication, TMJ areas, and referral to the craniocervical areas as well as her bruxismhabit are all industrially related to her injury which occurred on January 9, 1996. In terms of future care regarding her dentition and her partial denture, dental restorations in general have an average life expectancy of 8-12 years, including [redacted] crowns and her partial denture. As [redacted] is only 38 years old, it would not be unreasonable to expect her partial denture and the crowns that they attach to, to be replaced 3-4 times in her lifetime. A nightguard has an average life expectancy of 4-6 years". On IMR application dated 08/05/14 by [redacted], states "new partial upper denture to fix broken partial." Therefore, based on objective findings of QME dentist [redacted] and treating dentist [redacted] and the medical reference mentioned above, the request for CT scan, maxilla alveolar bone measurements is medically necessary and appropriate.