

<b>Case Number:</b>	CM14-0124688		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 indicate that on 2/1/11 patient, a 30-year-old male, sustained a fall injury at work from a ladder that was standing 18 feet above the ground. Patient became unconscious and was admitted in the hospital. As the result of the injury patient sustained orthopedic injuries and traumatic head trauma including a significant skull fracture. The patient also broke teeth and has dental caries and missing teeth. Patient states that he was hospitalized for approximately two weeks. He states that he was in a coma due to his head trauma. He underwent surgery at that facility.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to Oral surgeon for surgical extraction of tooth 12,18,30,31:** 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:** 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).

**Decision rationale:** AME dentist [REDACTED] report dated 1/29/14 states "it is reasonable that this man was unable to perform appropriate oral hygiene while in a coma and while

rehabilitating from his head trauma, I believe that the traumatic event itself was responsible for the damage to the multiple teeth that require repair. Certainly appropriate supportive periodontal therapy should also be provided in order to ensure good restorative dental results. 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. Also based on AME Dentist stating that "the traumatic event itself was responsible for the damage to the multiple teeth that require repair" and the medical reference mentioned above, this IMR reviewer finds this request for a referral to an oral surgeon for surgical extraction of tooth 12, 18, 30, and 31 to be medically necessary.

#### **Delivery of the Intra Occlusal splint ,upper x1: 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Bruxism Management , Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA. Appliance Therapy.

**Decision rationale:** "Appliance therapy has been extensively studied from 1966 to the present day, and several extensive reviews have been published in the last 10 years. Occlusal splints are generally appreciated to prevent tooth wear and injury and perhaps reduce night time clenching or grinding behavior rather than altering a causative malocclusion. In addition, they are unlikely to significantly reducing nocturnal behavior." AME states "Patient should be provided with a post-prosthetic occlusal guard to protect the dental restorations from nocturnal bruxism. Use of this appliance will also help to resolve the residual myofascial pain complaints in the musculature" This IMR reviewer also agrees with AME dentist and finds this request for the delivery of the intra occlusal splint to be medically necessary.

#### **4 Quadrants root planning & scaling UR/UU/LL/LR: 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:** 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].

**Decision rationale:** When indicated, treatment should include: 1) Patient education, training in oral hygiene, and counseling on control of risk factors (e.g., stress, medical status, smoking, etc.) with appropriate referral if needed. 2) Management of periodontal-systemic interrelationships, when appropriate. 3) Removal of supra- and subgingival bacterial plaque biofilm and calculus by comprehensive, meticulous periodontal scaling and root planning. In some instances, these

procedures may be incorporated into the surgical treatment. Based on AME's findings and medical reference mentioned above, this IMR reviewer finds this request for 4 quadrants root planning and scaling to be medically necessary.

**Topical Fluoride treatment:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Evid Based Dent. 2014 Jun;15(2):38-9. doi: 10.1038/sj.ebd.6401019, American Dental Association (ADA).

**Decision rationale:** The American Dental Association (ADA) clinical recommends topical fluoride for caries prevention. This guideline is intended to assist practitioners with decision making about the use of topical fluoride caries-preventive agents. It presents evidence-based clinical recommendations on professionally applied and prescription strength, home-use topical fluoride agents for caries prevention. Based on AME's findings and medical reference mentioned above, this IMR reviewer finds this request for topical fluoride treatment to be medically necessary.

**Upper Stayplate tooth #12:** 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:** 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).

**Decision rationale:** Dental trauma treatment (facial fractures) is recommended by the guidelines. Trauma to the oral region occurs frequently and comprises 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 luxation 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. Based on AME's findings and medical reference mentioned above, this IMR reviewer finds this request for an upper Stayplate, tooth #12, to be medically necessary.