MAXIMUS Federal Services

Case Number:	CM14-0133541		
Date Assigned:	08/27/2014	Date of Injury:	04/14/2003
Decision Date:	09/22/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/21/2014

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 reviewed documents reveal that this is a 60 year old male patient with an industrial date of injury on 04/14/2003 which has resulted in a chronic habit of teeth grinding/jaw clenching (bruxism) as a response to chronic orthopedic pain and psychological difficulties. This patient also displays dry mouth/xerostomia from the side effect of industrial medications that have been prescribed for him.Records reviewed indicate that this is a 60-year-old male with a date of injury of 4/14/2003. AME dentist [redacted] report dated May 28, 2014 diagnosed this patient with moderate to advanced periodontal disease aggravated by salivary changes, salivary changes secondary to long-term use of medications, bruxism by history, and normal TMJ joint. On page 2 of [redacted] report he had recommended that all remaining upper natural teeth were hopeless and had a poor prognosis. He recommended that these teeth be surgically removed and replaced with a full upper denture. [redacted] on page 7 of his report states teeth numbers number 6 and number 11 in the upper dental arch have been utilized as fixed bridge abutments for a six unit upper anterior dental bridge. Unfortunately the periodontal bone support for these teeth is poor. There is significant mobility of this dental bridge. It is my recommendation that the two remaining natural teeth in the upper dental arch, teeth numbers 6 and 11, be extracted. Patient should then be provided with an interim full upper denture to replace his teeth in the upper arch on a temporary basis. I would then recommend additional placement of dental implants with in the upper or maxillary dental arch. I recommend that four end osseous dental implants be added to the true implants which currently exist within the maxilla. It appears that in order to accomplish the placement of additional maxillary dental implants, there will be a need for bone grafting procedure. Once additional dental implants have been provided reconstruction of the upper dental arch utilizing dental implants could be accomplished by either a hybrid full upper dental bridge or a detachable over denture that is retained by implants supporting either

locators or header bars.UR dentist report dated 07/24/14 states: Clinical documentation does not show evidence of radiographically verifiable vertical bone loss, further, this request is for an extraction site for which the request for extraction that accompanied this request is non-certified. Based on these findings there is no indication for the medical necessity, Therefore, the request for one bone graft for tooth #6 and #11 is non-certified. In regards to the request for 1 full upper denture, the request for tooth extraction that accompanied this request is non-certified, therefore, there is no medical necessity for one full denture and the request is non-certified.In regard to the request for immediate denture, the request for tooth extraction that accompanied this request is noncertified, therefore, there is no medical necessity for one immediate denture and the request is non-certified. In regard to the request for 1 implant surgery for tooth #7, #10, #6 and #11, the request for extraction of teeth #6 and #11 that accompanied this request is non-certified. Previously, in review 1080617 a request for a fixed bridge for teeth 7, 8, 9, 10 were certified. Based on these findings there is no established medical necessity for implants, therefore, the request for one implant for tooth #7, #10, #6, and #11 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extraction Tooth #6, #11: 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; 2009 Mar 23 page 10 (21 references).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head 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. Other Medical Treatment Guideline or Medical Evidence: Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

Decision rationale: [redacted] has found that the periodontal bone supporting teeth #6 and #11 is poor and there is significant mobility of these teeth and the bridge they support. Per Medscape reference cited above, "Indications for extraction of teeth: Teeth are important for aesthetic purposes and for maintaining masticatory function. Accordingly, all efforts to avoid tooth extraction must be exhausted before the decision is made to proceed with removal of a tooth. Nevertheless, there are circumstances in which it is clear that a tooth must be extracted, such as the following:- A tooth that cannot be restored, because of severe caries- A mobile tooth with severe periodontal disease, pulp necrosis, or periapical abscess, for which root canal treatment is required that the patient cannot afford (or for which endodontic treatment failed) Per objective findings of AME Dentist [redacted] and the medical reference mentioned above, this IMR reviewer finds this dental request to be medically necessary.

Bone Graft Tooth #6, #11: 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; 2009 Mar 23 page 10 (21 references).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head 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. Other Medical Treatment Guideline or Medical Evidence: Medscape Reference. Dental Implant Placement . Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBAAust Dent J. 2014 Mar;59(1):48-56. doi: 10.1111/adj.12098. Epub 2013 Aug 6. Current perspectives on the role of ridge (socket) preservation procedures in dental implant treatment in the aesthetic zone. Kassim B1, Ivanovski S, Mattheos N.

Decision rationale: By referring to the citations listed above, it is found that the Bone Graft for Ridge preservation is medically necessary. This patient will be having tooth/teeth extracted, and bone graft will be necessary to preserve the ridge. This IMR reviewer finds this request to be medically necessary. "Ridge preservation techniques are effective in minimizing post-extraction alveolar ridge contraction"(Kassim B, 2014) and " In cases where there has been extensive alveolar bone loss following extraction, it may be necessary to provide bone augmentation prior to implant placement." (Burgess) Per objective findings of AME Dentist [redacted] and the medical reference mentioned above, this IMR reviewer finds this dental request to be medically necessary.

1 Full Upper Denture: 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; 2009 Mar 23 page 10 (21 references).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head 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: Per objective findings of AME Dentist [redacted] and the medical reference mentioned above, this IMR reviewer finds this dental request to be medically necessary.

1 Full Immediate Denture: 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; 2009 Mar 23 page 10 (21 references).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head 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: Per objective findings of AME Dentist [redacted] and the medical reference mentioned above, this IMR reviewer finds this dental request to be medically necessary.

1 Implant Surgery for Tooth #7, #10, #6, #11,: 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; 2009 Mar 23 page 10 (21 references).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head 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: Per objective findings of AME Dentist [redacted] and the medical reference mentioned above, this IMR reviewer finds this dental request to be medically necessary.