

Case Number:	CM14-0179052		
Date Assigned:	11/03/2014	Date of Injury:	07/15/2013
Decision Date:	12/09/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/28/2014

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 reviewed indicate that this is a 30 year old male with a date of injury on 07/15/13 when a high pressure hose nozzle hit his face. He was diagnosed with: Laceration Nose, Contusion Face, Fractured teeth. The provider is requesting a redo bone graft for the area of #9-10 under general anesthesia because the initial bone graft was not completely successful in augmenting enough supporting bone and soft tissue for the successful placement of two tooth implants that will ultimately replace teeth #9 and #10. The requesting [REDACTED] recommended another onlay graft in his letter of 7-30-14, to attempt to replace the missing bone in order to be able to place implants for #9 and #10. [REDACTED] added "theoretically" that he could attempt another bone graft if patient would stop smoking. The other option was a fixed bridge, he added, with soft tissue grafting to lessen the defect. [REDACTED] letter dated 07/16/14 states: "At [REDACTED] last recheck visit, I noted that the block graft that I placed at the 9-10 area to build the lost bone has not completely replaced the missing bone and therefore there is not adequate bone to place dental implants at this area I discussed the treatment options with [REDACTED] of redoing the graft to see if we can get additional bone take at this site or to replace the missing teeth with a bridge. [REDACTED] was quite adamant that sine the teeth was originally individual teeth, he would like to try again to do the bone graft and see if implants are a possible replacement option. "UR report dated 09/26/14 by [REDACTED] periodontitis states: " Given all of this information and study, I recommend another onlay block graft under I.V. sedation (autogenous bone may offer some advantage over another allograft) , with the patient having the understanding that if he can't quit smoking, or at a minimum seriously cut back to a couple of cigarettes per day, that he will have no future options other than a fixed bridge with compromised esthetics and with the grinding down of at least three adjacent natural teeth for anchors and also understanding that in the years to come the bridge may need to be replaced multiple times throughout his life."

IMR ISSUES, DECISIONS AND RATIONALES

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

Redo the Bone Graft at the 9-10 Area Under General Anesthesia: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Implant Site Development. Editors: Michael Sonick and Debby Hwang, Assoc Editor: Andre Saadoun, Wiley-Blackwell, UK 2012; and Periodontics: Medicine Surgery and I,plants. Louis Rose, Brian Mealey, Robert Genco, and Walter Cohen, Elsevier Mosby, St. Lois, MO, 2004; and Implant Site Development, 2012

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) and Other Medical Treatment Guideline or Medical Evidence: Medscape Reference. Dental Implant Placement. Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA Aust 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: This IMR reviewer recommends another onlay block graft under I.V. sedation (autogenous bone may offer some advantage over another allograft per [REDACTED]), with the patient having the understanding that if he can't quit smoking or cutback dramatically, he will have no future options other than a fixed bridge. The request is medically necessary.