

Case Number:	CM14-0024790		
Date Assigned:	06/11/2014	Date of Injury:	10/05/2009
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/26/2014

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 a licensed Doctor of Medical Dentistry (DMD), 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:

Per [REDACTED] DMD report dated 10/16/2013, Mr. on 01/01/2001 DOI was involved in a industrial injury and since he has developed emotional stressors. The patient finds he is clenching his teeth and bracing his facial musculature, which has resulted in the patient developing facial and jaw pain. This patient has already been treated with Oral Sleep Appliance by [REDACTED]. Patient also states that as a result of his bruxism/clenching and grinding of his teeth, he has fractured some of his teeth. Findings: -Heavy wear facets-#23,24,25,26 fractured teeth-Severe gingival inflammation, plaque, calculus-severe bone loss-Periodontal recession 1-5mm-probing depths 2-10mm-Furcation Grade II on #3 and #30 Diagnosis:-Bruxism/clenching and grinding-Xerostomia-Myofascial pain-Dental decay-Aggregated periodontal disease/gingival inflammation Treatment Suggested:-Scaling and Root planing 4 quadrants-Diagnostic wax up-Max and mand surgical guides-Cone beam CT scan-osseous surgery 4 quadrants with bone graft and membrane on 4,5 12,26,30-surgical extraction #3,5,7,12-bone graft and membrane 3,5,7,12-dental implants, custom abutments, crowns 3,5,7,12,18,19.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCLUSION ANALYSIS MOUNTED RADIOGRAPHIC/ SURGICAL IMPLANT, U,L, CONE BEAM CT UPPER AND LOWER ARCH: Upheld

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 Other Medical Treatment Guideline or Medical Evidence: 1. Clin Oral Implants Res. 2013 Dec 31. doi: 10.1111/clr.12319. Periodontitis, implant loss and peri-implantitis. A meta-analysis. Sgolastra F1, Petrucci A, Severino M, Gatto R, Monaco A.2. Clin Oral Implants Res. 2003 Jun;14(3):329-39. Long-term implant prognosis in patients with and without a history of chronic periodontitis: a 10-year prospective cohort study of the ITI Dental Implant System. Karoussis IK1, Salvi GE, Heitz-Mayfield LJ, BrÄgger U, HÄmmerle CH, Lang NP.3. Evid Based Dent. 2014 Jun;15(2):59-60. Periodontitis and dental implant loss. Lee DW.

Decision rationale: "Strong evidence suggests that periodontitis is a risk factor for implant loss; moderate evidence revealed that periodontitis is a risk factor for peri-implantitis and that patients with periodontitis have higher implant-bone loss."(Sgolastra, 2013)"Patients with implants replacing teeth lost due to chronic periodontitis demonstrated lower survival rates and more biological complications than patients with implants replacing teeth lost due to reasons other than periodontitis during a 10-year maintenance period." (Karoussis, 2003)"Conclusions: Strong evidence suggests that periodontitis is a risk factor for implant loss; moderate evidence revealed that periodontitis is a risk factor for peri-implantitis and that patients with periodontitis have higher implant-bone loss." (Lee, 2014)According to the above mentioned citations, Implants placed in a patient with a history of periodontitis have a poor prognosis. ██████████, in his report, stated that patient has severe bone loss (which indicates severe adult periodontitis). At this time, therefore, Implant placements in this patient are NOT medically necessary. Placement of implants should be re-evaluated once the patient has reached a stable state periodontally (██████████ stated that patient has severe gingival inflammation, which indicates active disease). Therefore, Occlusion Analysis Mounted Radiographic/ Surgical Implant, U,L, Cone Beam Ct Upper And Lower Arch are not medically necessary.

BONE REPLACEMENT GRAFT 1ST SITE, GUIDED TISSUE REGEN, RESORBE,EXTRACTIONS- SURGICAL ERUPTE, BONE GRAFT FOR RIDGE PRESERVED: Upheld

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 Other Medical Treatment Guideline or Medical Evidence: 1. Clin Oral Implants Res. 2013 Dec 31. doi: 10.1111/clr.12319. Periodontitis, implant loss and peri-implantitis. A meta-analysis. Sgolastra F1, Petrucci A, Severino M, Gatto R, Monaco A.2. Clin Oral Implants Res. 2003 Jun;14(3):329-39. Long-term implant prognosis in patients with and without a history of chronic periodontitis: a 10-year prospective cohort study of the ITI Dental Implant System. Karoussis IK1, Salvi GE, Heitz-Mayfield LJ, BrÄgger U, HÄmmerle CH, Lang NP.3. Evid Based Dent. 2014 Jun;15(2):59-60. Periodontitis and dental implant loss. Lee DW.

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