

Case Number:	CM14-0024794		
Date Assigned:	06/11/2014	Date of Injury:	10/05/2009
Decision Date:	07/23/2014	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 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:

This patient has been involved in a industrial injury on 01/01/2001. In response to his industrial related orthopedic pain, 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. The patient also states that as a result of his bruxism/clenching and grinding of his teeth, he has resultantly fractured some of his teeth. This patient's PTP has already referred this patient to an evaluating dentist, [REDACTED], whose report discusses medical causation, which with reasonable medical probability, shows industrial factors which have contributed to the patient's dental problems. [REDACTED] has referred this patient to [REDACTED], for this patient's industrially related dental problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

CROWN-PORCELAIN/CERAMIC SUBSTRATE 7,8,9,10,11,21,22,23,24,25,26: 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 J Craniofac Surg. 2010 Jul;21(4):1213-7. Surgical approaches and fixation patterns in zygomatic complex fractures. Olate S, et al.

Decision rationale: As stated in the reference above, 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. 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 protective restoration. In his report, [REDACTED] has indicated that only teeth #23,24,25,26 are fractured, and tooth #8 is decayed. There are no findings related to #7,9,10,11,21,22, indicating the reasoning why these teeth need crowns. Therefore, the request as submitted is not medically necessary.

ENDODONTIC THERAPY, ANTERIOR TOOTH, POST AND CORE IN ADDITION TO CROWN, CROWN-PORCELAIN/CERAMIC SUBSTRATE, SURGICAL IMPLANT BODY: ENDOST, CUSTOM ABUTMENT, IMPLANT SUPPORTED CROWN 6,3,5,7,12,18,19: 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 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: According to the above mentioned citations, Implants placed in a patient with a history of periodontitis have a poor prognosis. [REDACTED], 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 ([REDACTED] stated that patient has severe gingival inflammation, severe plaque and calculus, which indicates active disease). The request as written is not medically necessary.