

Case Number:	CM14-0037616		
Date Assigned:	06/25/2014	Date of Injury:	08/02/2004
Decision Date:	07/28/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/28/2014

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:

This is a 65-year-old male whom has been involved in an industrial injury. The patient has had 10 implants placed by [REDACTED] in the past. The prosthodontic treatment was completed by [REDACTED]. The treatment consisted of a maxillary implant bar with a metal supported palateless maxillary denture. The mandibular restoration is also bar retained. In both cases, patient has not been satisfied because of the large amount of food debris remaining under these dentures following each meal. [REDACTED] is planning to reline the maxillary and mandibular restoration in an attempt to try and improve contact with the gingival tissues to decrease the food impaction and collection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental reline the maxillary and mandibular restorations: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head, Dental trauma treatment (facial fractures).

Decision rationale: "When the fit of a removable complete denture is diminished as a result of progressive alveolar bone reduction, relining or rebasing might be indicated." "...relining and rebasing which serve to restore the maxillomandibular relationship, to extend effectively the

palatal denture surface of the maxillary denture and to reline or rebase an implant-supported overdenture." (Kalk,2011) A reline is for the Maxillary and Mandibular dentures is medically necessary because the dentures do not have enough contact with gingiva, as found by treating dentist [REDACTED], report dated 2/19/14.