

<b>Case Number:</b>	CM14-0038168		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/01/2006
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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:

Very limited records are provided for this IMR reviewer. Treating dentist [REDACTED] recent dental exam report is not attached to the IMR application. There is only UR dentist determination report of [REDACTED] dated 3/17/14 is available for review. UR dentist [REDACTED] DMD on 03/17/14 states: This patient is under the care of [REDACTED]. The treatment plan recommended per the doctor is the replacement of tooth 19. This includes bone graft, membrane, implant placement, abutment, and crown. There are no clinical Provided for review in this case. No, Dental work to tooth #19 (Implant body) is not medically necessary. There are no clinical provided to support that any treatment is necessary and this includes conditions of the accident etc. There is no evidence of medical necessity. Therefore, the request is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**implant body - Tooth #19:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Head(updated 06/04/13) 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:** In this case, there is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental X-rays, caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. This IMR reviewer recommends non-certification at this time. This IMR reviewer will reconsider the dental treatment and procedure requests once complete Dental/Oral examination findings and records are available for review. Therefore, this request is not medically necessary.

**bone graft for ridge preservation - Tooth #19:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

**Decision rationale:** In this case, there is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental X-rays, caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. This IMR reviewer recommends non-certification at this time. This IMR reviewer will reconsider the dental treatment and procedure requests once complete Dental/Oral examination findings and records are available for review. Therefore, this request is not medically necessary.

**guided tissue regeneration - Tooth #19: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

**Decision rationale:** In this case, there is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental X-rays, caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. This IMR reviewer recommends non-certification at this time. This IMR reviewer will reconsider the dental treatment and procedure requests once complete Dental/Oral examination findings and records are available for review. Therefore, this request is not medically necessary.

**custom abutment - Tooth #19: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

**Decision rationale:** In this case, there is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental X-rays, caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. This IMR reviewer recommends non-certification at this time. This IMR reviewer will reconsider the dental treatment and procedure requests once complete Dental/Oral examination findings and records are available for review. Therefore, this request is not medically necessary.

**implant supported crown - Tooth #19: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

**Decision rationale:** In this case, there is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental X-rays, caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. This IMR reviewer recommends non-certification at this time. This IMR reviewer will reconsider the dental

treatment and procedure requests once complete Dental/Oral examination findings and records are available for review. Therefore, this request is not medically necessary.