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| Case Number: | CM14-0044673 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 11/07/2012 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 03/21/2014 |
| Priority: | Standard | Application Received: | 04/11/2014 |

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:

The reviewed documents reveal that this is a 31 year old female patient with an industrial date of injury on 11/07/12 to her jaw, which has resulted in a habit of teeth grinding/jaw clenching (bruxism) as a response to the chronic pain and work and psychological post traumatic difficulties. Dr [REDACTED] follow up visit report dated 02/17/14 notes that the claimant underwent a lot of dental work in the past month and reports increased jaw pain since all the dental work. Exam reveals head pain and muscle spasm. The claimant has experienced a temporomandibular joint injury, fractured teeth, and has muscle tremor suggestive of movement disorder. The provider recommends occipital nerve block, and Botox injection, as well as implant reconstructions for missing teeth. Dr [REDACTED] letter dated 03/07/14 notes that [REDACTED] has been under my care for symptoms relating to a work-related injury. At the time of the injury and since, she has had significant trauma to intraoral structures including maxillary teeth. Clenching and grinding behavior and oral motor dystonia is present resulting in fractures or cracking of teeth. Tooth number 15 in the upper left quadrant became involved in this process and was removed. Bone grafting and implant placement along with a prosthetic replacement of the tooth is now needed. The treating dentist Dr [REDACTED] is requesting: 1st phase: Extraction and bone graft #15 under anesthesia; 2nd phase: Dental implant placement #15 under anesthesia; and 3rd phase: Abutment placement and prosthetic crown #15. The claimant has clenching and grinding behavior and oral motor dystonia resulting in fracture or cracking of teeth. However, there is no detailed dental evaluation report submitted with documentation of detailed clinical notes, and specific oral exam findings etc. There is no submission of dental radiograph report for review. Further, there is no documentation of clear rationale for implant restoration over other conservative options.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extraction and bone graft #15 under anesthesia: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -TWC and The International Association of Dental Traumatology (LADT).

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: 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."Ridge preservation techniques are effective in minimizing post-extraction alveolar ridge contraction"(Kassim B, 2014) and " In cases where there has been extensive alveolar bone loss following extraction, it may be necessary to provide bone augmentation prior to implant placement." (Burgess).

Decision rationale: By referring to the citations listed above, it is found that the Bone Graft is medically necessary. The patient's tooth #15 has been extracted, and bone graft will be necessary to preserve the ridge. It was found that Ridge preservation techniques are effective in minimizing post-extraction alveolar ridge contraction (Kassim B, 2014) and in cases where there has been extensive alveolar bone loss following extraction, it may be necessary to provide bone augmentation prior to implant placement. Therefore, extraction and bone graft #15 under anesthesia is medically necessary.

Dental implant placement #15 under anesthesia: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -TWC and The International Association of Dental Traumatology (LADT).

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) 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: Trauma to the oral region occurs frequently and comprises 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, on-lays, in-lays, 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. Such as, Dental implant placement #15 under anesthesia is medically necessary.

Abutment placement and prosthetic crown #15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -TWC and The International Association of Dental Traumatology (LADT).

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) 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: Per the dental findings of Dr [REDACTED] and medical reference mentioned above, and per the ODG: In situations where replacement of the tooth is accomplished by dental implants, the dental crown is also included. Therefore, abutment placement and prosthetic crown #15 is medically necessary.