

Case Number:	CM14-0050710		
Date Assigned:	07/07/2014	Date of Injury:	02/01/2012
Decision Date:	08/06/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/17/2014

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 records provided indicate that this is a 44-year-old male, with a date of injury 2/1/2012 with multiple traumatic injuries, to include dental fractures, and he developed xerostomia. According to the report by [REDACTED], dated 11/15/13, the patient reported difficulty eating with dentures, because there is inadequate retention, due to existing anatomy of his upper and lower arches. The completed dental treatments consisted of extraction, bone graft and membrane placement at extraction sites, alveoplasty, and maxillary full upper denture. The patient's diagnoses included loss of teeth due to trauma, disturbance of salivary secretion, closed dislocation of jaw and myalgia/myositis. Following the tooth extraction and gum/bone preparation for fixed dental implants, the provider noted limited bone height and width of the mandible, which necessitates the use of 8mm implants. The bone quality was described as type 3/4 (cancellous bone with limited cortical bone for implant stability). Thus, the provider is requesting fixed implants for the purpose of providing stability for a non-removable prosthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) dental implants on maxillary arch teeth #3, #4, #8, #9, #13, #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 (ODG), Head chapter, and on the Non-MTUS National Guidelines Clearinghouse.

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

Decision rationale: According to the dental report provided for review, the patient reported difficulty eating with dentures, because there is inadequate retention, due to existing anatomy of his upper and lower arches. Therefore, the patient cannot properly function with his existing dentures. The Official Disability Guidelines indicate that 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 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. Therefore, the request for four (4) dental implants on maxillary arch teeth #3, #4, #8, #9, #13, #15 is medically necessary.

Four (4) dental implants in the mandible teeth #18, #20, #24, #25, #29, #31: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head chapter, and on the Non-MTUS National Guidelines Clearinghouse.

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

Decision rationale: According to the dental report provided for review, the patient reported difficulty eating with dentures, because there is inadequate retention, due to existing anatomy of his upper and lower arches. Therefore, the patient cannot properly function with his existing dentures. The Official Disability Guidelines indicate that 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 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. Therefore, the request for four (4) dental implants in the mandible teeth #18, #20, #24, #25, #29, #31 is medically necessary.