

Case Number:	CM14-0051113		
Date Assigned:	07/07/2014	Date of Injury:	11/04/2009
Decision Date:	10/07/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/18/2014

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:

Requesting dentist [REDACTED] letter dated 04/4/014 states: "Tooth #9 has a hopeless prognosis and will be removed. Replacing a front tooth is a medical social and personal necessity for anyone. The injured worker is suffering from periodontal disease. The alternative treatment of replacing this tooth with a conventional bridge is not recommended, since the future abutments have a guarded prognosis. In order to replace tooth #9 with a dental implant, we have to regenerate the bony ridge (lost for periodontal disease of#9). The ridge augmentation is to be done with grafted material held by a barrier membrane." Per UR dentist, it was previously reported on 3/13/2014 by [REDACTED] that tooth #9 has a horizontal root fracture and internal resorption. Based on these findings tooth extraction is indicated for tooth #9. Therefore, the request for 1 surgical removal of fractured, erupted tooth includes related cutting of gingiva and bone, removal of tooth #9 and smoothing of socket bone and closure (CPT 41899) is certified. Treating dentist request and UR determination: 1. The prospective request for 1 limited oral evaluation (CPT 99201) between 3/24/2014 and 5/26/2014 is certified. 2. The prospective request for 1 surgical removal of fractured, erupted tooth, includes related cutting of gingiva and bone, removal of tooth 119 and smoothing of socket bone and closure (CPT 41899) between 3/24/2014 and 5/26/2014 is certified. 3. The prospective request for 1 bone replacement graft for ridge preservation #9 area (CPT 99200) between 3/24/2014 and 5/26/2014 is non certified. 4. The prospective request for 1 guided tissue regeneration-resorbable barrier #9 area (CPT 41899) between 3/24/2014 and 5/26/2014 is non certified. 5. The prospective request for 1 surgical placement of implant body: endosteal implant (CPT 21148) between 3/24/2014 and 5/26/2014 is certified. UR dentist has authorized surgical placement of implant body but denied the request for bone replacement graft and guided tissue regeneration stating: " In this case, there is no clinical documentation to support the necessity for. bone replacement grafting and ridge

preservation. There are no clinical examination findings of bone loss. There are no diagnostic-quality radiographs that show the quality/quantity of bone and establish bone loss patterns. Based on these findings there is no indication for the requested procedure. The request for one bone replacement graft for ridge preservation 119 area (CPT 99200) is non-certified. In this case, there is no clinical documentation that provides evidence to support the necessity for guided tissue regeneration: There are no submitted records that provide clinical examination or radiographic findings showing osseous furcation, and gingival recession defects. Based on these findings, the request for 1 guided tissue regeneration-resorbable barrier #9 area (CPT 41899) is non-certified".

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bone replacement graft for ridge preservation number 9 area: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Reference. Dental Implant Placement . Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA

Decision rationale: By referring to the citations listed above, it is found that the Bone Graft for Ridge preservation is medically necessary. The patient will be having tooth #9 extracted, and bone graft will be necessary to preserve the ridge. Therefore, the request for 1 bone replacement graft for ridge preservation number 9 area is medically necessary and appropriate.

1 guided tissue regeneration resorbable barrier number 9: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alpha Omegan. 1992;85(4):25-8. Guided tissue regeneration and GTAM for periodontal regenerative therapy, ridge augmentation and dental implantology. Rosenberg ES1, Cutler SA.

Decision rationale: Per medical reference mentioned above, it was found that the indications for GTR " are to gain new attachment around natural teeth, improve the aesthetics and ridge form in cases of collapsed or deformed ridges and increase the amount of available bone for osseointegrated implants." (Rosenberg, 1992) and that " Regenerative therapy can be utilized to augment edentulous ridges and improve ridge-pontic relationships as well as improve aesthetics in ridge abnormalities. Edentulous ridges augmented by GTR can have increased amount of bone height and width for endosseous implant placement" (Rosenberg, 1992). Since Guided tissue regeneration (GTR) has been found to give successful gain of bony structure for endosseous

implant placement, the request for 1 guided tissue regeneration resorbable barrier number 9 is medically necessary and appropriate.