

<b>Case Number:</b>	CM14-0052442		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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:

Records reviewed indicate that this 58 year old male patient was involved in an industrial injury on 10/29/2012. He was hit in the face by a bucket loader moving telephone poles. The telephone pole struck him in the front part of his face. Patient did not lose consciousness but was dazed. He reported that four upper and four lower front teeth were fractured and/or loosened as a result of the trauma from the telephone pole. One of the upper teeth on the left side was fractured. These teeth were removed and replaced with partial dentures. Patient was then evaluated by AME (Agreed Medical Examination) [REDACTED], a prosthodontist, on 02/07/2014, and [REDACTED] reviews the treatment done as adequate. He also notes that this patient had poor dental health prior to the injury and that all of the teeth involved in the injury have been restored. On pages 13-14 of this AME report states this patient "has numerous pre-existing conditions, including the caries activity that remains on teeth number 2 and 11, periodontal disease that remains around his remaining dentition and the degenerative changes of his TMJs (Temporomandibular Joints). He states this patient suffered industrial injuries to teeth number 8 through 10 and teeth number 23 through 26. AME doctor states these teeth should be considered industrial. Under his future care, page 16 of his report, he states "Patient may opt for additional surgery of his left TMJ. All future dental work for this patient related to his dentition, his periodontitis and his dentures should be provided for on a non-industrial basis due to pre-existing conditions. Patient's current dental provider is seeking approval for the removal of the rest of this patient's teeth not injured in the injury and placement of bone grafts and implants to support full denture implant prosthesis. This provider's report was not available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extraction of teeth #2 6 11 13 22: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head Chapter Dental Trauma Treatment ( Facial fractures ).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (updated 06/04/13), Dental trauma treatment (facial fractures).

**Decision rationale:** According to medical records, this patient's current dental provider [REDACTED] has not provided any records of the current status of the patient's current dental conditions, diagnosis and clinical findings that justify the need for extractions of teeth #2, 6,11,13,22. This patient has partial prosthesis that has replaced his injured teeth, and there is no clinical data provided by [REDACTED] that indicates the reasoning why patient needs extractions of these teeth. Therefore, the request for extractions of teeth #2, 6,11,13,22 is not medically necessary and appropriate at this time.

**Bone grafting from iliac crest: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Cone beam imaging: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Placement of ten implants: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Implant supported prosthesis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.