

Case Number:	CM14-0067063		
Date Assigned:	07/14/2014	Date of Injury:	06/20/2008
Decision Date:	08/11/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/12/2014

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 licensed 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 reviewed indicate that this is a 59-year-old patient that was injured at work on 6/20/2008 and has been on long-term medication as a result of this injury, resulting in xerostomia causing rampant decay and periodontitis. It was noted that the patient's dentition is terminal. The treating provider is requesting authorization for extractions and implants. The UR on 5/7/14 has denied this request stating that this patient is not a candidate for complex bone grafting because of his habit of smoking. De-oxygenation of the gingival tissue from smoking combined with this patient's dry friable tissue from xerostomia will not lead to a predictable and stable result. This procedure is contradicted in smokers. As such the requested dental procedures for phase 1 and phase 3 are not certified. The appeal letter from [REDACTED] states xerostomia is a subjective symptom and not a clinical diagnosis due to the patient's complaint or perceiving that his mouth is dry. Upon our clinical examination his oral mucosa and tissues are moist to a satisfactory level. It is indicated the patient reports being tobacco free for one month. The second UR on 06/03/14 states while the xerostomia was noted to be a cause of the decay and the patient was noted to have a moderately dry mouth previously, the provider noted that the patient's oral mucosa and tissues were satisfactory moist on exam recently. Therefore, as the contradictions outlined above have now apparently been resolved, there is a need to more specifically address the medical/dental necessity of the procedures. However, there is a lack of clear and specific documentation to allow for a determination regarding the need for extraction, bone grafting, and implant placement for each tooth. Therefore, additional information is requested in the form of specific clinical examination findings for each effective tooth, radiographs, periodontal charting. A qualified medical evaluation dated 12/03/13, has diagnosed this patient with Xerostomia induced brittleness and fracture of teeth. The UR states that patient's continued use of medications to control and alleviate his symptoms. As shown by my medications list prior, one

can see the potential for disaster with the combination of drugs that cause xerostomia and vomiting. It is my opinion that his injury to his teeth is due to his original injury of his knee. I however do not think he is in dire need of an implant supported denture. His upper palate is sufficient to hold onto a regular denture that is custom made. Regarding this patient's smoking habits of many years, [REDACTED] states that I will re-emphasize again, patient stated that he never had problems with his teeth before the injury with eating or chewing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phase One- Cone Beam CT guided tissue regeneration - Resorbable barrier #6, #13, #22, #28; TACS - bone graft screws #6, #12, #22, #28; Extracted erupted tooth or exposed root #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #22, #23, #24, #25, #26, #27, #28, #29, #30; Osseous osteoperiosteal or ca: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/24697562>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head and on the Non-MTUS Taschieri S, Corbella S, Saita M, Tsesis I, Del Fabbro M. Osteotome-Mediated Sinus Lift without Grafting Material: A review of Literature and a technique Proposal. *Int J Dent.* 2012; 2012:849093 and on the Non-MTUS Medscape Reference. Dental Implant Placement. Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA and on the Non-MTUS *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 and on the Non-MTUS Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA and on the Non-MTUS *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: According to Burgess, a computed tomography (CT) scan; allows for visualization of jaw structure in three planes but incorporates software that can provide the pre-surgical electronic placement of an implant and the formation of diagnostic templates that guide the surgical process--techniques that are useful for complex multi-implant treatments. The patient will be having extractions of several teeth, and bone graft will be necessary to preserve the ridge. According to Kassim B, it was found that ridge preservation techniques are effective in minimizing post-extraction alveolar ridge contraction and in cases where there has been extensive alveolar bone loss following extraction. According to Burgess, it may be necessary to provide bone augmentation prior to implant placement. According Medscape Reference: Tooth Extraction, there are circumstances in which it is clear that a tooth must be extracted. These circumstances include a tooth that cannot be restored, because of severe caries; a mobile tooth with severe periodontal disease, pulp necrosis, or periapical abscess, for which root canal treatment is required that the patient cannot afford (or for which endodontic treatment failed);

and overcrowding of teeth in the dental arch, resulting in orthodontic deformity. According to Rosenberg, it was found that the indications for Guided tissue regeneration (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. 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. Based upon the criterion set by the guidelines cited being met, the request is medically necessary.

Phase three - Cone Beam CT; Surgical placement of implant body; endosteal implant #4, #6, #11, #20, #22, #25, #27, #29; Presurgical services #6, #20; Deep sedation/General Anesthesia.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/24697562>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head and on the Non-MTUS Singapore Dent J. 2000 Dec;23(1 Suppl):29-37, Outpatient general anesthesia for oral surgery. Sim KM1, Boey SK.

Decision rationale: According to the Outpatient general anesthesia for oral surgery by Singapore, "Outpatient general anesthesia (GA) is administered for extraction of carious teeth in children and straightforward dento-alveolar surgery such as removal of impacted teeth, cyst enucleation and dental implantology in adults. Although oral surgery is often performed under local anesthesia, GA is indicated in conditions when local anesthesia is ineffective and in uncooperative patients because of age, fear or anxiety, mental impairment or physical disability." According to the ODG, "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." The criterion for a phase three - cone beam CT scan; surgical placement of implant body; endosteal implant #4, #6, #11, #20, #22, #25, #27, #29; pre-surgical services #6, #20; deep sedation/general anesthesia have been met. Therefore the request is medically necessary.