

Case Number:	CM14-0074260		
Date Assigned:	07/16/2014	Date of Injury:	01/27/2010
Decision Date:	08/14/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/21/2014

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 provided to this IMR reviewer indicate that this is a 62-year-old patient involved in an industrial injury on 01/27/10. Records indicate that on the date of injury patient tripped and fell forward injuring teeth #8 and 9. These teeth exhibited extreme mobility. [REDACTED] has requested authorization to remove these teeth and place implants, which have been authorized by the UR Dentist. [REDACTED] is also requesting digital guide planning and full mouth scaling and root planning. UR Doctor has denied this request due to stating that digital guide planning is a redundant request. It is already included as part of the SurgiGuide (which has been certified). There is no indication for it separately in addition to the above. UR Doctor also states there is no objective data such as periodontal charting, generalized radiographic calculus and photos showing bleeding to support the necessity of full mouth scaling and root planning. There are no dental reports or oral examination documentations provided to this IMR reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Digital guide planning: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed.

Decision rationale: According to PubMed reference cited above, "Nowadays computer-guided flapless surgery for implant placement using stereolithographic templates is gaining popularity among clinicians and patients. The advantages of this surgical protocol are its minimally invasive nature, accuracy of implant placement, predictability, less post-surgical discomfort and reduced time required for definitive rehabilitation. The introduction of digital planning programs has made it possible to place dental implants in preplanned positions and being immediately functionally loaded by using prefabricated prostheses. The surgical guide is used, in fact, to develop a master model and fabricate the provisional bridge that will be secured to the implants immediately after their placement using the guided surgery template. In this way patients are able to achieve, in the same day of the surgery, a comfortable fixed rehabilitation needing only minor occlusal adjustments." Therefore, Digital guide planning is Medically Necessary.

Full mouth scaling and root planing: Upheld

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

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: Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references] Periodontal Evaluation A comprehensive assessment of a patient's current health status, history of disease, and risk characteristics is essential to determine the periodontal diagnosis and prognosis of the dentition and/or the suitability of dental implants. Patients should receive a comprehensive periodontal evaluation and their risk factors should be identified at least on an annual basis. Such an evaluation includes discussion with the patient regarding his/her chief complaint, medical and dental history review, clinical examination, and radiographic analysis. Microbiologic, genetic, biochemical, or other diagnostic tests may also be useful, on an individual basis, for assessing the periodontal status of selected individuals or sites. The following procedures should be included in a comprehensive periodontal evaluation: 1. Extra- and intraoral examination to detect nonperiodontal oral diseases or conditions 2. Examination of teeth and dental implants to evaluate the topography of the gingiva and related structures; to measure probing depths, the width of keratinized tissue, gingival recession, and attachment level; to evaluate the health of the subgingival area with measures such as bleeding on probing and suppuration; to assess clinical furcation status; and to detect endodontic-periodontal lesions.

Decision rationale: In this case, there is no documentation of claimant's current dental findings, and clinical examination including oral examination/periodontal evaluation, caries assessment, to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. This IMR reviewer recommends non-certification at this time. Can reconsider the full mouth scaling and root planing requests once Dental/Oral examination records are available for review.

