

Case Number:	CM14-0074746		
Date Assigned:	07/16/2014	Date of Injury:	12/02/2009
Decision Date:	08/19/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/22/2014

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 patient was involved and industrial injury on December 2, 2009. This patient underwent and completed her dental treatment in [REDACTED] DMD office for work related injuries sustained on December 2, 2009. [REDACTED] report dated July 23, 2014 states: on April 21, 2014 patient presented with significant pain and discomfort in her upper right dental quadrant. Examination with radiographs intraoral camera and percussion with cold/hot testing revealed tooth #3 hopelessly internally fractured. Due to significant ongoing pain involving tooth #3, there is no longer any options available except to remove it. [REDACTED] also indicates the alternative option consisting of a three unit fixed porcelain bridge that would entail utilizing tooth #2 and #4 is contraindicated due to inability to floss the region and maintain a healthy oral hygiene environment. [REDACTED] states that with the predictable success of dental implants that can last indefinitely due to the ability to be able to floss the region and not be prone to the decay, the placement of bridgework is considered a last resort only when dental implants cannot be successfully placed in the dental arch. [REDACTED] requesting dental treat surgical extraction #3, Osseous bone graft #3, dental implant #3, implant crown #3, implant crown, abutment #3. UR dentist has certified the dental surgical extraction, and not certified the other dental request stating there is no detail dental evaluation reports submitted for review with clear documentation of clinical information, such as detailed clinical notes, diagnostic reports, oral exam findings, and x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Osseous bone graft #3: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Head Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Other Medical Treatment Guideline or Medical Evidence: Medscape Reference. Dental Implant Placement . Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA 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.

Decision rationale: This IMR reviewer due to the patient findings of significant pain and discomfort in her upper right dental quadrant with examination findings (utilizing radiographs, intraoral camera and percussion with cold/hot testing) of hopelessly internally fractured tooth #3, finds this request Osseous bone graft #3 to be medically necessary since implant is indicated in this case. Also, by referring to the citations listed above, it is found that the Bone Graft is medically necessary. The patient will be having extraction of tooth #3, and bone graft will be necessary to preserve the ridge. It was found that Ridge preservation techniques are effective in minimizing post-extraction alveolar ridge contraction (Kassim B, 2014) and in cases where there has been extensive alveolar bone loss following extraction, it may be necessary to provide bone augmentation prior to implant placement. The request for osseous bone graft #3 is medically necessary and appropriate.

Dental implant #3: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Head Procedure Summary.

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

Decision rationale: This IMR reviewer due to the patient findings of significant pain and discomfort in her upper right dental quadrant with examination findings (utilizing radiographs, intraoral camera and percussion with cold/hot testing) of hopelessly internally fractured tooth #3, finds this request Dental implant #3 to be medically necessary based on medical reference mentioned above. The request for dental implant #3 is medically necessary and appropriate.

Implant crown #3: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Head Procedure Summary.

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

Decision rationale: This IMR reviewer due to the patient findings of significant pain and discomfort in her upper right dental quadrant with examination findings (utilizing radiographs, intraoral camera and percussion with cold/hot testing) of hopelessly internally fractured tooth #3, finds this request Implant crown #3 to be medically necessary since implant is indicated in this case. The request for Implant crown #3 is medically necessary and appropriate.

Implant crown abutment #3: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Head Procedure Summary.

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

Decision rationale: This IMR reviewer due to the patient findings of significant pain and discomfort in her upper right dental quadrant with examination findings (utilizing radiographs, intraoral camera and percussion with cold/hot testing) of hopelessly internally fractured tooth #3, finds this request Implant crown abutment #3 to be medically necessary since implant in indicated. The request for implant crown abutment #3 is medically necessary and appropriate.

