

Case Number:	CM14-0083197		
Date Assigned:	08/06/2014	Date of Injury:	12/29/2013
Decision Date:	09/10/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/04/2014

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 this is a 55-year-old male who reported injury on 12/29/2013 when he was walking down stairs without handrails he stepped down fell landing on his left elbow shoulder and hit his face on the steps. Patient presented to the general dentist with injury to his upper lip and chin and displaced tooth #9 partially avulsed. Pre-existing findings include: smoker, high blood pressure and class IV periodontal classification (class III on evaluation date 3/31/14) Review of the [REDACTED] evaluation date 3/31/14 clinical review report reveals: The general dentist recommended a referral to a Periodontist to evaluate the patient for possible implants. The condition of the bone support to these teeth is in question to restore the injured tooth that was partially avulsed (#9). The placement of implants will require a scaling and root planning of the entire mouth and then a reevaluation to see how the claimant is maintaining his homecare. Implant failure increases with periodontal disease and smoking. The previous dentist recommended full arch extractions due to the periodontal condition not being strong enough to support any prosthesis, fixed or removable. The referral to the Periodontist is advised. General dentist performed scaling and root planning procedures on the patient on 4/3/14 and 4/4/14. The Periodontist on 3/31/14 indicates that due to the injury the claimant sustained injury to teeth #7, 8, 9, 10, 23, 24, 25, 26 loosening the teeth to the point where they cannot be saved. That provider recommends extraction of all eight teeth with the placement of 4 implants in areas of #7, 10, 23, 26 and the fabrication of implant supported bridges from 7-10 and 23-26. Utilization review dentist has denied this request stating the full mouth series of radiographs taken on 3/7/14 needs to be reviewed prior to making a determination. The available medical information does not support that this requested services are medically necessary. This determination maybe we considered upon submission of additional medical information.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temporary Upper Partial Denture while healing Maxillary and mandibular: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head, Dental Trauma treatment.

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(updated 06/04/13) Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprise 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. 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. Other Medical Treatment Guideline or Medical Evidence: From Medscape reference: Complete Dentures. Author: Abdullaibrahim Abdulwaheed, DMD; Chief Editor: Jeff Burgess, DDS, MSDAfter a professional and thorough review of the documents, my analysis is that the above listed issue.

Decision rationale: As discussed in above citation, immediate complete dentures are dentures usually delivered immediately after all remaining teeth of a dental arch are removed. During the healing process, this denture helps to confine the remodeling of the underlying ridge to the interior of the denture. Ordinarily, this type of prosthesis must be relined periodically as the underlying tissues heal and remodel. Therefore, Temporary Upper Partial Denture while healing Maxillary and mandibular is medically necessary.

Surgical Extraction of Teeth 7,8,9,10,23,24,25,26: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head, Dental Trauma treatment.

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(updated 06/04/13) Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprise 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. 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 Other Medical Treatment Guideline or Medical Evidence: Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

Decision rationale: According to reference cited above, Indications Teeth are important for aesthetic purposes and for maintaining masticatory function. Accordingly, all efforts to avoid tooth extraction must be exhausted before the decision is made to proceed with removal of a tooth. Nevertheless, there are circumstances in which it is clear that a tooth must be extracted, such as the following:-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) - Overcrowding of teeth in the dental arch, resulting in orthodontic deformityTherefore, Surgical Extraction of Teeth 7,8,9,10,23,24,25,26 is medically necessary, since these teeth have mobility to the point where they cannot be saved, as found by Periodontist

Bone graft for Bridge preservation teeth 7,8,9,10,23,24,25,26: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head, Dental Trauma treatment.

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(updated 06/04/13) Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprise 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. 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 Other Medical Treatment Guideline or Medical Evidence: Medscape Reference. Dental Implant Placement . Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBAAust 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: By referring to the citations listed above, it is found that the Bone Graft is medically necessary. The patient will be having extractions of several teeth, 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. (Burgess)

Surgical placement of implant-Endosteal Implant teeth 7,10,23,26: 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, Dental Trauma treatment.

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(updated 06/04/13) Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprise 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. 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. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. Rather than resting on the gum line like removable dentures, or using adjacent teeth as anchors like fixed bridges, dental implants are long-term replacements. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. The placement of dental implants can have deleterious effects on the growing alveolar process, and it is necessary to delay implant reconstruction until the cessation of skeletal or alveolar growth. In situations where replacement of the tooth is accomplished by dental implants, the dental crown is also included. Other Medical Treatment Guideline or Medical Evidence: 1. Clin Oral Implants Res. 2013 Dec 31. doi: 10.1111/clr.12319. Periodontitis, implant loss and peri-implantitis. A meta-analysis. Sgolastra F1, Petrucci A, Severino M, Gatto R, Monaco A.2. Clin Oral Implants Res. 2003 Jun;14(3):329-39. Long-term implant prognosis in patients with and without a history of chronic periodontitis: a 10-year prospective cohort study of the ITI Dental Implant System. Karoussis IK1, Salvi GE, Heitz-Mayfield LJ, BrÄgger U, HÄmmerle CH, Lang NP.3. Evid Based Dent. 2014 Jun;15(2):59-60. Periodontitis and dental implant loss. Lee DW.

Decision rationale: Strong evidence suggests that periodontitis is a risk factor for implant loss; moderate evidence revealed that periodontitis is a risk factor for peri-implantitis and that patients with periodontitis have higher implant-bone loss. (Sgolastra, 2013)Patients with implants replacing teeth lost due to chronic periodontitis demonstrated lower survival rates and more biological complications than patients with implants replacing teeth lost due to reasons other than periodontitis during a 10-year maintenance period. (Karoussis, 2003)Conclusions: Strong evidence suggests that periodontitis is a risk factor for implant loss; moderate evidence revealed

that periodontitis is a risk factor for peri-implantitis and that patients with periodontitis have higher implant-bone loss. (Lee, 2014)According to the above mentioned citations, Implants placed in a patient with a history of periodontitis have a poor prognosis. In this patient's case, the diagnosis has been Class IV periodontal, and the patient is a smoker, which is known to increase implant failure. At this time, therefore, Implant placements in this patient are not medically necessary. Placement of implants should be re-evaluated once the patient has reached a stable periodontal state.According to the above mentioned citations, Implants placed in a patient with a history of periodontitis have a poor prognosis. In this patient's case, the diagnosis has been Class IV periodontal, and the patient is a smoker, which is known to increase implant failure. At this time, therefore, Implant placements in this patient are NOT medically necessary. Placement of implants should be re-evaluated once the patient has reached a stable periodontal state.

Custom Abutment includes placement teeth 7,10, 23, 26: 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, Dental Trauma treatment.

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(updated 06/04/13) Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprise 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. 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. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. Rather than resting on the gum line like removable dentures, or using adjacent teeth as anchors like fixed bridges, dental implants are long-term replacements. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. The placement of dental implants can have deleterious effects on the growing alveolar process, and it is necessary to delay implant reconstruction until the cessation of skeletal or alveolar growth. In situations where replacement of the tooth is accomplished by dental implants, the dental crown is also included.

Decision rationale: Since Implants for these teeth have not been found to be medically necessary, therefore, custom abutments are not medically necessary.

Abutment Supported Retainer for Porcelain Fused to Metal teeth 7,10,23,26: 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, Dental Trauma treatment.

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(updated 06/04/13) Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprise 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. 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. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. Rather than resting on the gum line like removable dentures, or using adjacent teeth as anchors like fixed bridges, dental implants are long-term replacements. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. The placement of dental implants can have deleterious effects on the growing alveolar process, and it is necessary to delay implant reconstruction until the cessation of skeletal or alveolar growth. In situations where replacement of the tooth is accomplished by dental implants, the dental crown is also included.

Decision rationale: Since Implants for these teeth have not been found to be medically necessary, therefore, Abutment Supported Retainer for Porcelain Fused to Metal teeth 7,10,23,26 are not medically necessary.

Full Dental Arch Maxillary and Mandibular: 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, Dental Trauma treatment.

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

Decision rationale: Since Implants for these teeth have not been found to be medically necessary, therefore, Full Dental Arch Maxillary and Mandibular are not medically necessary.

Surgical Stent Maxillary and Mandibular: 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, Dental Trauma treatment.

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(updated 06/04/13) Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprise 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. 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.

Decision rationale: Since Implants for these teeth have not been found to be medically necessary, therefore, Surgical Stent Maxillary and Mandibular are not medically necessary.

Pontiac Fake tooth to replace missing teeth 8,9,24,25: 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, Dental Trauma treatment.

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(updated 06/04/13) Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprise 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. 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.

Decision rationale: Since Implants for these teeth have not been found to be medically necessary, therefore, Pontiac Fake tooth to replace missing teeth 8,9,24,25are not medically necessary.