

<b>Case Number:</b>	CM14-0158485		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	03/02/2009
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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:

The injured worker sustained a work related injury on March 2, 2009, tripping over a raised root in the worksite parking lot, falling into a fence and sustaining injuries to the shoulder, arm, hand, and neck. A Medical Legal Comprehensive Evaluation for dental oral, facial pain, and Temporomandibular Joint (TMJ) issues of March 31, 2014, noted the injured worker reported worsening tension headaches, increasing chronic migraine headaches, fasciitis pain in both feet, and pain in the neck, both shoulders, both wrists, both hands, chronic pain involving knees, back, sciatica, tail bone, and fibromyalgia, as well as anxiety, depression, and insomnia. The dental diagnoses were noted to be parafunctional dental clenching and grinding, tension myositis and myalgia of facial and masticatory muscles, acquired loss of multiple teeth, problem with mastication, dental caries, abscess, and fractures in multiple teeth with malocclusion, generalized periodontitis, xerostomia, and normal TMJ. The Primary Treating Physician's report dated March 13, 2014, noted the diagnoses of cervical spine sprain/strain, thoracic spine sprain/strain, bilateral shoulder sprain/strain, bilateral wrist pain with clinical evidence of left carpal tunnel syndrome, lumbar spine sprain/strain with clinical radiculopathy, coccyx contusion, bilateral knee status post contusion and sprain with residual internal derangement, status post right ankle sprain improved, rule out plantar fasciitis, fibromyalgia syndrome, major depressive disorder, recurrent severe and generalized anxiety disorder, helicobacter pylori gastritis, diabetes, hyperlipidemia, obesity, and xerostomia. On August 15, 2014, the Doctor of Dental Medicine requested approval for diagnostic wax up, surgical guide; extraction of # 3, 8, and 10, implants # 3, 4, 8, 10, 14, and 15, bone graft and membrane # 3, 8, and 10, vertical sinus graft #10, maxillary transitional prosthesis, custom abut and implant crown #3, 4, 8, 10, 14, and 15, Pontic 9 fluoride tray, and three month periodontal maintenance and occlusal guard. On August 28, 2014, Utilization Review evaluated the requested dental services citing MTUS American College of Occupational

and Environmental Medicine (ACOEM), and Official Disability Guidelines Head Chapter: Dental Trauma Treatment. The UR Physician noted there was not sufficient documentation, radiographs, photographs, clinical charting, or periodontal probing to make an accurate determination of the medical necessity of the proposed treatments, therefore all of the requested dental services, except for the fluoride tray and occlusal guard, were considered not medical necessary and denied authorization. The UR Physician noted that the documentation provided supported the medical necessity of the fluoride tray and the occlusal guard, and were therefore authorized. The denied authorization decisions were subsequently appealed to Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Diagnostic wax up:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

**Decision rationale:** In this case, patient seems to be in need of a lot of dental treatment per panel QME dentist ██████ back in March 31, 2014. However there is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment from the requesting dentist ██████ to support his extensive requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Therefore, the request is not medically necessary at this time.

**Surgical guide; extraction for 3,8,10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

**Decision rationale:** In this case, patient seems to be in need of a lot of dental treatment per panel QME dentist ██████ back in March 31, 2014. However there is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment from the requesting dentist ██████ to support his extensive requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Therefore, the request is not medically necessary at this time.

**Implants 3,4,8, 10, 14, 15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

**Decision rationale:** In this case, patient seems to be in need of a lot of dental treatment per panel QME dentist [REDACTED] back in March 31, 2014. However there is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment from the requesting dentist [REDACTED] to support his extensive requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Therefore, the request is not medically necessary at this time.

**Bone graft and membrane 3,8, 10: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

**Decision rationale:** In this case, patient seems to be in need of a lot of dental treatment per panel QME dentist [REDACTED] back in March 31, 2014. However there is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment from the requesting dentist [REDACTED] to support his extensive requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Therefore, the request is not medically necessary at this time.

**Vertical sinus graft #10: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

**Decision rationale:** In this case, patient seems to be in need of a lot of dental treatment per panel QME dentist [REDACTED] back in March 31, 2014. However there is no recent documentation

of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment from the requesting dentist [REDACTED] to support his extensive requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Therefore, the request is not medically necessary at this time.

**Maxillary transitional prosthesis: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

**Decision rationale:** In this case, patient seems to be in need of a lot of dental treatment per panel QME dentist [REDACTED] back in March 31, 2014. However there is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment from the requesting dentist [REDACTED] to support his extensive requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Therefore, the request is not medically necessary at this time.

**Custom abut and implant crown #3, 4, 8, 10, 14, 15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

**Decision rationale:** In this case, patient seems to be in need of a lot of dental treatment per panel QME dentist [REDACTED] back in March 31, 2014. However there is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment from the requesting dentist [REDACTED] to support his extensive requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Therefore, the request is not medically necessary at this time.

**Pontic for tooth #9: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

**Decision rationale:** In this case, patient seems to be in need of a lot of dental treatment per panel QME dentist [REDACTED] back in March 31, 2014. However there is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment from the requesting dentist [REDACTED] to support his extensive requests. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Therefore, the request is not medically necessary at this time.

**3 month periodontal maintenance:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references]

**Decision rationale:** Per panel QME dentist [REDACTED] findings and diagnosis of "Chronic generalized moderate periodontitis aggravated by industrial injury", and the medical reference mentioned above, this IMR reviewer finds this request for 3-month periodontal maintenance to be medically necessary.