

<b>Case Number:</b>	CM14-0188735		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 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 is a 26-year old female patient injured on 2/8/13. Lower back area, face/teeth/jaw, neck, thoracic spine, bilateral knees, head, & left and right shoulder have been accepted by the carrier. The report by [REDACTED] on 10/1/14 States: Neck. Back and right leg pain persist and are unchanged since her last evaluation on 8/21/14. TMJ pain is intermittent. Headaches recur 3-4 weekly. Status post right shoulder arthroscopy 3/7/2014. Right shoulder ROM [flexion 150, abduction 130; mt Rot 60; Ext rot 80]. Right shoulder pain increases with reaching motions and over shoulder use. She continues to swim for exercise but modifies her stroke(s) due to limited ROM and pain. MRI C/S 06/06/13: A2.4mm Cb-C6 disc protrusion At C6-C7 a 2.4 mm disc protrusion encroaches the right exiting 07 nerve root. At 04-CS a 1.7mm disc protrusion. MRI Rt shoulder 08/8/13: Mild glenohumeral effusion and mild osteoarthritis of AC joint. MRI L/S 9/3/13: At Lb-S1 mild decrease disc height with small central disc protrusion abutting proximal S1 roots bilateral. Request for (1) Edosseous Implant, Prosthetic, components/implant, implant abutment/prefabricated for teeth #3, 14, & 19 as requested by [REDACTED] (oral & maxillofacial surgeon). Primary treating physician/chiropractor [REDACTED] report are available for review, but the treating Dentist/Oral surgeon [REDACTED] dental reports are not available for review. [REDACTED] is the oral surgeon that is actually recommending the disputed treatment, not the primary treating physician/chiropractor [REDACTED]. Records of oral surgeon [REDACTED] are needed for review to make a determination for this request. UR report dated 10/16/14 states: There was a request for further information made to the provider. There was no response. This prospective treatment request is denied for lack of information.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Edosseous Implant, Prosthetic, components/implant, implant abutment/prefabricated for teeth #3, 14 & 19:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ADA evidence based treatment guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (Â§ 9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2)

**Decision rationale:** In this case, there is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for these dental implants is not evident. This IMR reviewer recommends non-certification at this time. This IMR reviewer will reconsider the dental treatment and procedure requests once complete Dental/Oral examination findings of Oral surgeon [REDACTED] are available for review. Therefore, Edosseous Implant, Prosthetic, components/implant, implant abutment/prefabricated for teeth #3, 14 & 19 is not medically necessary.