

Case Number:	CM14-0189341		
Date Assigned:	11/18/2014	Date of Injury:	06/15/2003
Decision Date:	01/23/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/11/2014

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 Otolaryngology (ENT), has a subspecialty in Head & Neck Surgery 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:

Patient is a 72-year-old female with a 06/15/03 date of injury. Review of records indicates that the patient has sustained dental injuries involving the upper arch. 08/01/14 progress report states that the patient suffered a dental disease that had caused the lost of all teeth and all of the alveolar bone which might be available to support implant reconstruction. Conservative treatment has been successful in the lower arch but unsustainable along the upper arch. Completion of the upper reconstruction will require extensive bone grafting and additional implants. 08/13/14 progress report states that the patient wishes to request that [REDACTED] use sinus lift, but without implant posts and prepare her, instead, for standard dentures. QME dated 10/08/14 states that the patient was injured when a client grabbed her arm and fell backwards pulling her and injuring her right arm and shoulder. Present complaint section states that the teeth in the patient's mouth are not fixed satisfactorily. She has an implant supported denture on the lower which is okay, and she has 3 implants on the upper that are not adequate to hold in the upper denture, one of the attachments came out of the implant. Patient also states that upper denture does not line up with the lower teeth. The patient states that her teeth were going back from the dry mouth since about 2007, a consequence, as she states, of taking narcotic medications. Patient also has jaw/face pain with jaw movement such as drinking and eating foods, even soft foods. This is helped by acupuncture. On physical exam, right greater than left TMJ moderate to severe point tenderness, right TMJ pain with opening and returns to floating. Moderate pain to palpation in the right temporal, right masseter, right sternocleidomastoid, right suboccipital, and right posterior cervical muscle. Dry oral mucosa. Resting and stimulating saliva tests showed very low quantity of saliva. No teeth present, for implants on the lower fixed lower implant denture and 3 implant on the upper with one of the implants missing the attachment. Upper denture she is unable to wear. Panoramic radiograph showed both condyles

with anterior/superior flattening with no evidence of erosion or sclerosis. Impression: Tinea synovitis, myofascial pain, xerostomia, dental caries status-post, edentulism. The summary section states that [REDACTED] has restored the lower arch with 4 implants in the denture. He has also placed for implants on the upper arch and one implant has failed. The physician is planning to do a bone graft an implant to replace the implant that failed and then place a denture on the upper implants which should provide a good result.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Upper Sinus Lift Bone Grafting: 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), Treatment Index, 11th Edition(web) 2014, Head Chapter

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: <https://www.aetna.com/health-care-professionals/clinical-policy-bulletins/dental-clinical-policy-bulletins/DCPB001.html#>

Decision rationale: The physician's request to use a bone graft to reinforce the bone for the failed implant is medically reasonable, since the patient has insufficient alveolar bone to support the implant. However, there are no radiographic findings presented to substantiate the request. Moreover, the patient states that she would prefer standard dentures, without the implant posts, per 08/14/14 progress report. Further treatment decisions should be made taking into account the patient's willingness to undergo a specific type of treatment or procedure. Non-certify.