

Case Number:	CM14-0204209		
Date Assigned:	12/16/2014	Date of Injury:	10/05/2009
Decision Date:	02/05/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/05/2014

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 licensed 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:

This patient has been involved in a industrial injury on 01/01/2001. In response to his industrial related orthopedic pain, he has developed emotional stressors. The patient finds he is clenching his teeth and bracing his facial musculature, which has resulted in the patient developing facial and jaw pain. The patient also states that as a result of his bruxism/clenching and grinding of his teeth, he has resultantly fractured some of his teeth. 10/08/14 Treating Periodontist [REDACTED] DMD Supplemental report - My examdemonstrated reduction in his probing depths and improved tissue tone. However, he still has probing depths greater than 5mm and he will require periodontal surgery. In addition, after completion of his deep cleaning and removal of the plaque and calculus from his teeth Significant cervical decay was noted on several teeth. Teeth #'s 2,3 ,5,6,7,8, 10,12,14,30,31 have severe decay and will require extraction and replacement with dental implants... The presence of bruxism, xerostomia, caries, and periodontal disease is significantThe above review of the literature demonstrates that implants can be placed successfully in patients with a history of periodontal disease. Two major conclusions pertaining to the Applicant are:1. He does not have Aggressive periodontal disease. He has chronic periodontal disease and therefore his success rate will be similar to regular non periodontal disease patients2. The implant success rate in patients with a history of periodontal disease and placement of dental implants is greater when regular periodontal maintenance is performed11/18/14 UR Dentist [REDACTED] - In this case, documentation submitted indicates that the claimant has severe decay in teeth #'s 2,3,5,6,7,8,10,12,14,30,and 31 and requires extraction. However, the option for placement of dental implant is not indicated as there are less invasive and conservative options available forreplacement of missing tooth. There is no documentation of clear rationale for implant restoration over other conservative options. Hence, the medical necessity of the proposed treatment plan is not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Implant crown 2, 3, 5, 6, 7, 8, 10, 12, 14, 18, 19, 30, 31: 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 Procedure Summary, Dental trauma

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Braz Dent J. 2013;24(2):136-41. History of chronic periodontitis is a high risk indicator for peri-implant disease. Casado PL1, Pereira MC, Duarte ME, Granjeiro JM. 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. Clin Oral Implants Res. 2003 Jun;14(3):329-39. Long-term implant prognosis in patients with and without a history

Decision rationale: "There was a highly significant correlation between CP (chronic periodontitis) history and PID (peri-implant disease) ($p < 0.0001$). Patients with CP had 4 times more chance of developing PID than patients with healthy periodontal tissues. Also, CP patients showed higher bleeding on probing ($p = 0.002$) and bone loss around implant ($p = 0.004$) when compared with patients without CP. In conclusion, history of CP is a high risk factor for the development of PID, irrespective of gender or region of implant placement." (Casado, 2013) "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 chronic periodontitis have a poor prognosis. [REDACTED], in his report, stated that patient has chronic and significant periodontitis. At this time, therefore, Implant placements in this patient are not medically necessary.

Pontic #7: 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 Procedure Summary, Dental trauma

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

Decision rationale: Since the previous request was found not medically necessary, this request is consequently not medically necessary.