

<b>Case Number:</b>	CM14-0207206		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Dentist

### 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 10/05/2009. 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] 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 significant, 12/19/14 Treating Periodontis [REDACTED] Supplemental report. An Agreed Medical Evaluation in Dentistry, dated April 25, 2012, was completed by [REDACTED]. On page 63 (which I have included) He agrees and fully endorses the use of implant supported prosthesis for this patient ... [REDACTED] denies osseous surgery with bone grafting. I am a board certified periodontist and I completed scaling and root planing and a subsequent re-evaluation to assess the tissue healing. My exam demonstrated residual probing depths greater than 5mm with bleeding. I have included the periodontal charting with this report. The standard of care is to performosseous surgery in patients with residual probing depths greater than 5mm. I am not sure of the rationale for denial of osseous surgery. Not completing osseous surgery will

allow the bone loss to progress and lead to tooth loss and need to replace with dental implants. 11/18/14 Dental UR Report - there is no additional clinical rationale for the request of maxillary and mandibular surgical guides and is clinically acceptable to allow tissue and bone to regenerate on its own. Therefore, certification is recommended for surgical extraction teeth's 2, 3, 5, 6, 7, 8, 10, 12, 14, 30, 31, and non-certification is recommended for both surgical guides and osseous surgery with bone graft and membrane.

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

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

#### **Maxillary and mandibular surgical guides, quantity 2: 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

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

**Decision rationale:** Per medical reference cited above, "A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body." In the records reviewed, there is insufficient documentation justifying the medical necessity for Maxillary and Mandibular surgical guides. Therefore, this issue is not medically necessary at this time.

#### **Osseous surgery all 4 quadrants with bone graft and membrane on 12, 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 (ODG) Head Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ann Periodontol. 2003 Dec;8(1):227-65. The efficacy of bone replacement grafts in the treatment of periodontal osseous defects. A systematic review. Reynolds MA1, Aichelmann-Reidy ME, Branch-Mays GL, Gunsolley JC

**Decision rationale:** Per reference cited above, "With respect to the treatment of intrabony defects, the results of meta-analysis supported the following conclusions: 1) bone grafts increase bone level, reduce crestal bone loss, increase clinical attachment level, and reduce probing depth compared to open flap debridement (OFD) procedures; 2) No differences in clinical outcome measures emerge between particulate bone allograft and calcium phosphate (hydroxyapatite) ceramic grafts; and 3) bone grafts in combination with barrier membranes increase clinical attachment level and reduce probing depth compared to graft alone." Therefore, Osseous surgery all 4 quadrants with bone graft and membrane on #12, 25, 26 is found to be medically necessary.

