

<b>Case Number:</b>	CM14-0207873		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	06/19/1995
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 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:

Records reviewed indicate that this is a 53 year old female with a date of injury on 06/19/1995. As a result of her injury she has developed significant dry mouth due to her medications, needing dental treatments on an industrial basis. 09/15/14 Dr [REDACTED] Supplemental Report - She presented with pain in her upper jaw. Radiographs were taken and her maxillary posterior implants were infected. The prosthesis was removed and the implants at sites 4 and 12 were removed and bone graft and membranes were placed. As a result of the implants failing her maxillary prosthesis can no longer be worn. The cone beam CT scan demonstrates that there is a paucity of remaining bone. In order to provide her with new fixed teeth referral to an oral and maxillofacial surgeon will be necessary. The oral surgeon and the prosthodontist will evaluate her and develop and submit a plan for authorization. She specifically will need placement of 4 zygomatic implants. These implants will engage the zygomatic bone and provide stability for the prosthesis. 11/20/14 Dental UR report - The guidelines recommend dental treatment for trauma. Radiographs and CT scan were not submitted for review, given the lack of imaging to support the requested treatment, medical necessity is not substantiated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Placement of 4 zygomatic implants in upper jaw, fabrication upper & lower prosthesis:**  
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), Dental trauma treatment (Facial fractures)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head(updated 06/04/13).

**Decision rationale:** Since this patient's maxillary posterior implants were infected and as a result of the implants failing her maxillary prosthesis could no longer be worn, this IMR reviewer finds this request for 4 zygomatic implants in upper jaw, fabrication upper & lower prosthesis to be medically necessary to treat her dental condition and restore her chewing function. Per medical reference mentioned above, " Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury". Therefore, this request is medically necessary.

**Grafting & placements of 4-6 implants, fabrication of upper & lower prosthesis:**  
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), Dental trauma treatment (facial fractures)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Head(updated 06/04/13).

**Decision rationale:** Since this patient's maxillary posterior implants were infected and as a result of the implants failing her maxillary prosthesis could no longer be worn, this IMR reviewer finds this request for Grafting & placements of 4 implants, fabrication upper & lower prosthesis to be medically necessary to treat her dental condition and restore her chewing function. Per medical reference mentioned above, " Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury". Therefore, this request is medically necessary.