

Case Number:	CM15-0106124		
Date Assigned:	06/10/2015	Date of Injury:	10/08/2009
Decision Date:	09/08/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/02/2015

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:

The injured worker is a 26-year-old male, who sustained an industrial injury on 10/08/2009. The injured worker complained of jaw pain as a result of being struck in the jaw and was diagnosed with a displaced mandibular fracture. On provider visit dated t 03/09/2015 he injured worker has reported jaw and tooth pain. On examination the hypertrophy of the masseter and temporalis, heavy wear on the existing teeth, fracture tooth, gross care URQ and hypersensitivity of the right face has returned and increased. The diagnoses have included post traumatic tooth injury, post facial fracture, and post jaw fracture and head injury. The provider requested dental implant-custom abutment-porcelain crown tooth #5 and #25, periodontal scaling/root planning on teeth #2-4, 6-15 and 18-31 - 4 quads, diagnostic casts and crowns on teeth #2-4, 6-15 and 18-31 and core buildup on teeth # 3, 6-10, 23-24 and 26.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental implant, custom abutment, porcelain crown, tooth #5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation aetna. com/health-care-professionals/clinical-policy-bulletins/dental-clinical-policy-bulletins/DCPB029. html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Dental trauma treatment (facial fractures).

Decision rationale: Numerous dental reports reviewed. Records reviewed indicate that this patient experienced a displaced left mandibular fracture due to facial trauma at work. QME dentist [REDACTED] report dated 12/27/14 has objectively found lower front teeth 23-26 very mobile, fractured teeth 3-10, missing tooth #5 (avulsed during accident), carious teeth #2, 3, 18, 19, 30, 31, 32 (industrial due to inability to brush and floss after accident) and upper and lower teeth do not align correctly. [REDACTED] also states that probing indicated beginning of periodontal disease. [REDACTED] states that by thoroughly researching the dental literature regarding this type of injury, long term prognosis for repeated surgeries to correct the jaw alignment is poor therefore he recommends patient be evaluated by a prosthodontist to restore the dentition to optimal health. Dental report of [REDACTED] dated 06/04/13 has diagnosed this patient with teeth #'s 2. 3. 6-11. 24. 25 - fractured and decayed due to trauma requiring restorative crown placements. Tooth #5 extracted due to trauma, decayed and fractured teeth #14, 15, 18, 19, 30, 31. Swollen infected and bleeding gingiva generalized slight to moderate with localized moderate around teeth # 6-11 requiring soft tissue management, and TMJ pain dysfunction. Per medical reference mentioned above, "Rather than resting on the gum line like removable dentures, or using adjacent teeth as anchors like fixed bridges, dental implants are long-term replacements. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. " Therefore, based on the findings mentioned above, this reviewer finds this request for Dental implant, custom abutment, porcelain crown, tooth #5 to be medically necessary to repair this patient's tooth on a long term basis.

Dental Implant, custom abutment, porcelain crown, tooth #25: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation aetna.com/health-care-professionals/clinical-policy-bulletins/dental-clinical-policy-bulletins/DCPB029.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Dental trauma treatment (facial fractures).

Decision rationale: Numerous dental reports reviewed. Records reviewed indicate that this patient experienced a displaced left mandibular fracture due to facial trauma at work. QME dentist [REDACTED] report dated 12/27/14 has objectively found lower front teeth 23-26 very mobile, fractured teeth 3-10, missing tooth #5 (avulsed during accident), carious teeth #2, 3, 18, 19, 30, 31, 32 (industrial due to inability to brush and floss after accident) and upper and lower teeth do not align correctly. [REDACTED] also states that probing indicated beginning of periodontal disease. [REDACTED] states that by thoroughly researching the dental literature regarding this type of injury, long term prognosis for repeated surgeries to correct the jaw alignment is poor therefore he recommends patient be evaluated by a prosthodontist to restore the dentition to optimal health. Dental report of [REDACTED] dated 06/04/13 has diagnosed this patient with teeth #s 2. 3. 6-11. 24. 25 - fractured and decayed due to trauma requiring restorative crown placements. Tooth #5 extracted due to trauma, decayed and fractured teeth #14, 15, 18, 19, 30, 31. Swollen infected and bleeding gingiva generalized

slight to moderate with localized moderate around teeth # 6-11 requiring soft tissue management, and TMJ pain dysfunction. Per medical reference mentioned above, "Rather than resting on the gum line like removable dentures, or using adjacent teeth as anchors like fixed bridges, dental implants are long-term replacements. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. " Therefore, based on the findings mentioned above, this reviewer finds this request for Dental Implant, custom abutment, porcelain crown, tooth #25 to be medically necessary to repair this patient's tooth on a long term basis.

Periodontal scaling/root planning, teeth #2-4,6-15, 18-31, 4 quads: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation aetna.com/health-care-professionals/clinical-policy-bulletins/dental-clinical-policy-bulletins/DCPB029.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7): 943-9. [133 references].

Decision rationale: Numerous dental reports reviewed. Records reviewed indicate that this patient experienced a displaced left mandibular fracture due to facial trauma at work. QME dentist [REDACTED] report dated 12/27/14 has objectively found lower front teeth 23-26 very mobile, fractured teeth 3-10, missing tooth #5 (avulsed during accident), carious teeth #2, 3, 18, 19, 30, 31, 32 (industrial due to inability to brush and floss after accident) and upper and lower teeth do not align correctly. [REDACTED] also states that probing indicated beginning of periodontal disease. Per medical reference mentioned above, "Removal of supra and subgingival bacterial plaque biofilm and calculus by comprehensive, meticulous periodontal scaling and root planning" are part of the treatment plan for periodontal therapy (J Periodontol 2011). Since this patient has been diagnosed with periodontal disease, this reviewer finds this request for Periodontal scaling/root planning, teeth #2-4, 6-15, 18-31, 4 quads to be medically necessary to prevent further tooth decay, periodontal disease and bone loss.

Diagnostic casts, teeth #2-4, 6-15; 18-31: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation aetna.com/health-care-professionals/clinical-policy-bulletins/dental-clinical-policy-bulletins/DCPB029.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7): 943-9. [133 references].

Decision rationale: Records reviewed indicate that this patient experienced a displaced left mandibular fracture due to facial trauma at work. QME dentist [REDACTED] report dated 12/27/14 has objectively found lower front teeth 23-26 very mobile, fractured teeth 3-10, missing tooth #5 (avulsed during accident), carious teeth #2, 3, 18, 19, 30, 31, 32 (industrial due to inability to brush and floss after accident) and upper and lower teeth do not align correctly. [REDACTED] also states that probing indicated beginning of periodontal disease. [REDACTED] states that

by thoroughly researching the dental literature regarding this type of injury, long term prognosis for repeated surgeries to correct the jaw alignment is poor therefore he recommends patient be evaluated by a prosthodontist to restore the dentition to optimal health. Per reference mentioned above, "medical and dental history review, clinical examination, and radiographic analysis. Microbiologic, genetic, biochemical, or other diagnostic tests may also be useful, on an individual basis, for assessing the periodontal status of selected individuals or sites. "This patient has extensive dental restorative needs; therefore this reviewer finds this request for Diagnostic casts, teeth#2-4, 6-15; 18-31 to be medically necessary to develop a proper treatment plan.

Crowns, teeth #2-4, 6-15, 18-31: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation aetna.com/health-care-professionals/clinical-policy-bulletins/dental-clinical-policy-bulletins/DCPB029.html.

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

Decision rationale: In the most recent PTP report of [REDACTED] dated 07/09/15, he is recommending dental restoration on multiple teeth including crowns and core buildups, however there is lack of documentation to medically justify the need for the proposed treatment plan on each tooth. There are insufficient recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the multiple crown requests. Absent further detailed documentation and clear rationale for each tooth, the medical necessity for this request is not evident. Per medical reference mentioned 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" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This reviewer recommends non-certification at this time. The request is not medically necessary.

Core buildup, teeth #3, 6-10, 23-24, 26: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation aetna.com/health-care-professionals/clinical-policy-bulletins/dental-clinical-policy-bulletins/DCPB029.html.

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

Decision rationale: In the most recent PTP report of [REDACTED] dated 07/09/15, he is recommending dental restoration on multiple teeth including crowns and core buildups, however there is lack of documentation to medically justify the need for the proposed treatment plan on each tooth. There are insufficient recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the multiple core buildup requests. Absent further detailed documentation and clear rationale for each tooth, the medical necessity for this request is not evident. Per medical reference mentioned 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" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This reviewer recommends non-certification at this time.

The request is not medically necessary.