

Case Number:	CM15-0106168		
Date Assigned:	06/11/2015	Date of Injury:	12/14/2010
Decision Date:	09/10/2015	UR Denial Date:	05/06/2015
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 70 year old male, who sustained an industrial injury on 12/14/2010. He was struck by a vehicle twice while jogging on the road. Treatment to date has included surgeries, rehabilitation occupational and physical therapy and assisted living services. According to a permanent and stationary dental/orofacial pain evaluation dated 04/03/2015, the injured worker was seen for bite adjustment and a permanent and stationary evaluation. He was initially seen due to dental problems and severe halitosis complaints on behalf of his wife. In review of the treatment history, it was noted that the injured worker had dental implant surgery and fabrication of maxillary and mandibular All-on-4 fixed hybrid prostheses utilizing intravenous sedation and nitrous oxide analgesia on 06/13/2014. He was seen for follow up evaluation on a regular basis. On 11/21/2014, impressions were taken for the final cast bars and for fabrication of final fixed hybrid prostheses. On 12/19/2014, he presented for wax try-in and a repair to the mandibular prosthesis was made. On 01/16/2015, wax try-in of the final maxillary and mandibular prosthesis was performed. On 03/20/2015, he presented for delivery of the new maxillary and mandibular final fixed hybrid prostheses. Current complaints included a clicking sound on the right side when chewing. The injured worker liked the fixed maxillary and mandibular prostheses. His wife stated that he was still getting used to speaking with his new prostheses. Diagnoses included status post extraction of the remaining dentition, status post placement of endosseous implants # 5, 8, 9, 12, 21, 23, 25 and 28, status post placement of maxillary and mandibular All-on-4 fixed hybrid prostheses, mild clenching/bruxism, internal derangement of the bilateral temporomandibular joints and osteoarthritis of the bilateral

temporomandibular joints. The provider noted that due to the injured worker's inability to perform anything but home care, due to his inability to use a waterpik appliance which is generally recommended for care of a fixed hybrid prosthesis, due to his brain and cognitive disorder, he would require further evaluations and maintenance of his maxillary and mandibular fixed hybrid prostheses to assure proper hygiene and to reduce the possibility of inflammation, peri-implantitis or loss of implants due to his decreased ability to properly care for his prosthetic appliance. The injured worker was unable to perform anything other than minimal use of a toothbrush. The provider noted that future maintenance should be performed of the prostheses every 6 month. Due to the clenching disorder, the injured worker also required replacement of his night guard/bruxism appliance at least once or twice per year. Currently under review is the request for outpatient intraoral periapical x-rays, outpatient first film, intraoral periapical x-ray each additional film, and panoramic, upper implant maintenance, upper implant maintenance, lower implant maintenance, oral hygiene instruction, night guard appliance, nitrous oxide analgesia and PerioGard oral rinse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient intraoral periapical x-rays, outpatient first film, intraoral periapical x-ray each additional film, and panoramic radiograph: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Records reviewed indicate that this is a 70 year old male, who sustained an industrial injury on 12/14/2010. The provider noted that due to the injured worker's inability to perform anything but home care, due to his inability to use a waterpik appliance which is generally recommended for care of a fixed hybrid prosthesis, due to his brain and cognitive disorder, he would require further evaluations and maintenance of his maxillary and mandibular fixed hybrid prostheses to assure proper hygiene and to reduce the possibility of inflammation, peri-implantitis or loss of implants due to his decreased ability to properly care for his prosthetic appliance. On the most recent evaluation, [REDACTED] has diagnosed this patient with status post extraction of the remaining dentition, post placement of endosseous implants #5, 8, 9, 12, 21, 23, 25, 28, status post placement of maxillary and mandibular all on 4 fixed hybrid prostheses, mild bruxism, internal derangement and osteoarthritis of bilateral TMJs. Provider is recommending outpatient intraoral periapical x-rays, outpatient first film, intraoral periapical x-ray each additional film, and panoramic radiograph. UR dentist has approved all of this except for panoramic radiographs. In the provider's dental report, there is insufficient documentation to medically justify the need for all these requested radiographs since patient is already status post extraction, post placement of implants, status post placement of fixed prostheses. Absent further detailed documentation and clear rationale, 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. Therefore, the request is not medically necessary.

Upper implant maintenance: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 is a 70 year old male, who sustained an industrial injury on 12/14/2010. The provider noted that due to the injured worker's inability to perform anything but home care, due to his inability to use a waterpik appliance which is generally recommended for care of a fixed hybrid prosthesis, due to his brain and cognitive disorder, he would require further evaluations and maintenance of his maxillary and mandibular fixed hybrid prostheses to assure proper hygiene and to reduce the possibility of inflammation, peri-implantitis or loss of implants due to his decreased ability to properly care for his prosthetic appliance. Per reference mentioned above, "a comprehensive assessment of a patient's current health status, history of disease, and risk characteristics is essential to determine the periodontal diagnosis and prognosis of the dentition and/or the suitability of dental implants. Patients should receive a comprehensive periodontal evaluation and their risk factors should be identified at least on an annual basis." Therefore, this reviewer finds this request for one upper implant maintenance medically necessary to assure proper hygiene and to reduce the possibility of inflammation and peri-implantitis.

Lower implant maintenance: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 is a 70 year old male, who sustained an industrial injury on 12/14/2010. The provider noted that due to the injured worker's inability to perform anything but home care, due to his inability to use a waterpik appliance which is generally recommended for care of a fixed hybrid prosthesis, due to his brain and cognitive disorder, he would require further evaluations and maintenance of his maxillary and mandibular fixed hybrid prostheses to assure proper hygiene and to reduce the possibility of inflammation, peri-implantitis or loss of implants due to his decreased ability to properly care for his prosthetic appliance. Per reference mentioned above, "a comprehensive assessment of a patient's current health status, history of disease, and risk characteristics is essential to determine the periodontal

diagnosis and prognosis of the dentition and/or the suitability of dental implants. Patients should receive a comprehensive periodontal evaluation and their risk factors should be identified at least on an annual basis." Therefore, this reviewer finds this request for one lower implant maintenance medically necessary to assure proper hygiene and to reduce the possibility of inflammation and peri-implantitis.

Oral hygiene instruction: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 is a 70 year old male, who sustained an industrial injury on 12/14/2010. The provider noted that due to the injured worker's inability to perform anything but home care, due to his inability to use a waterpik appliance which is generally recommended for care of a fixed hybrid prosthesis, due to his brain and cognitive disorder, he would require further evaluations and maintenance of his maxillary and mandibular fixed hybrid prostheses to assure proper hygiene and to reduce the possibility of inflammation, peri-implantitis or loss of implants due to his decreased ability to properly care for his prosthetic appliance. Per reference mentioned above, "when indicated, treatment should include: 1. Patient education, training in oral hygiene, and counseling on control of risk factors " Therefore this reviewer finds this request for oral hygiene instruction medically necessary to educate patient on proper maintenance.

Night guard appliance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3. Decision based on Non-MTUS Citation Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp. 1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome.

Decision rationale: [REDACTED] states that due to this patient's clenching disorder, which he currently has diagnosed as mild bruxism, patient will require replacement of his night guard appliance at least once or twice per year. However, there is insufficient documentation regarding the current condition of the night guard and why it needs to be replaced. Absent further detailed documentation and clear rationale, 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. Therefore, the request is not medically necessary.

Nitrous oxide analgesia: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Records reviewed indicate that this is a 70 year old male, who sustained an industrial injury on 12/14/2010. The provider noted that due to the injured worker's inability to perform anything but home care, due to his inability to use a waterpik appliance which is generally recommended for care of a fixed hybrid prosthesis, due to his brain and cognitive disorder, he would require further evaluations and maintenance of his maxillary and mandibular fixed hybrid prostheses to assure proper hygiene and to reduce the possibility of inflammation, peri-implantitis or loss of implants due to his decreased ability to properly care for his prosthetic appliance. Treating dentist is recommending an unknown dosage of nitrous oxide for an unspecific procedure. It is unclear to the reviewer for which procedure this patient needs this analgesia and at what dosage. Absent further detailed documentation and clear rationale, 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 regarding this request. This reviewer recommends non-certification at this time. Therefore, the request is not medically necessary.

PerioGard oral rinse: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation JOURNAL OF Periodontology, Parameter on Chronic Periodontitis With Slight to Moderate Loss of Periodontal Support; Volume 71 Number 5 May 2000 (Supplement).

Decision rationale: Records reviewed indicate that this is a 70 year old male, who sustained an industrial injury on 12/14/2010. The provider noted that due to the injured worker's inability to perform anything but home care, due to his inability to use a waterpik appliance which is generally recommended for care of a fixed hybrid prosthesis, due to his brain and cognitive disorder, he would require further evaluations and maintenance of his maxillary and mandibular fixed hybrid prostheses to assure proper hygiene and to reduce the possibility of inflammation, peri-implantitis or loss of implants due to his decreased ability to properly care for his prosthetic appliance. Per reference above from Journal of Periodontology, " Antimicrobial agents or devices may be used as adjuncts." Therefore, this reviewer finds Peridex oral rinse medically

necessary for this patient for proper hygiene and to reduce the possibility of peri-implantitis.