

Case Number:	CM15-0106487		
Date Assigned:	06/10/2015	Date of Injury:	08/09/2007
Decision Date:	07/14/2015	UR Denial Date:	05/04/2015
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 69 year old male who sustained a work related injury August 9, 2007. Past history included left foot surgery, atherosclerosis with peripheral arterial disease and venous insufficiency, type II diabetes with peripheral neuropathy, obstructive sleep apnea on CPAP (continuous positive airway pressure), and pulmonary embolism on anticoagulant therapy. According to an agreed medical evaluation, dated April 21, 2015, the dentist documented that the injured worker has xerostomia (dry mouth) and as such, is at high risk for dental decay. There is decay in tooth #13, which is non-restorable and in need of an implant after extraction. Also, an extraction of the upper left 2nd bicuspid is non-restorable, needing an implant and a new upper partial denture. Treatment plan included authorization for an implant to #13 and a partial upper denture. At issue, is the request for authorization for #13 custom abutment, including placement and porcelain/ceramic crown.

IMR ISSUES, DECISIONS AND RATIONALES

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

Implant Crown #13 with custom abutment includes placement and abutment supported porcelain/ceramic crown: 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, dental trauma treatment (facial fractures).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head(updated 06/04/13) Dental trauma treatment (facial fractures).

Decision rationale: Records reviewed indicate that injured worker has xerostomia (dry mouth) and as such, is at high risk for dental decay. AME dentist [REDACTED] report dated 04/21/15 states that to remove non-restorable tooth #13 and place a dental implant. This implant would support a new upper partial denture. Patient's existing partial denture placed in 2012 was fabricated to fit existing teeth, and one of these existing teeth, tooth #13, has become non-restorable due to dental decay. Per 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.... If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. 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." Since AME dentist has found tooth #13 to be non-restorable, this reviewer finds this request for Implant Crown #13 with custom abutment supported porcelain/ceramic crown to be medically necessary as a long-term replacement.