

Case Number:	CM15-0135327		
Date Assigned:	07/23/2015	Date of Injury:	01/25/2008
Decision Date:	09/09/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/13/2015

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 54-year-old male who sustained an industrial injury on 01/25/2008. Diagnoses/impressions include post-traumatic deformities, including Class III severely atrophic maxilla; post-traumatic chronic degenerative joint disease in the left temporomandibular joint (TMJ) with displacement of the condyle head anteriorly and medially; shortening of the left posterior facial height secondary to the traumatic fracture; loss of teeth in the maxilla numbering 3 to 15; failing teeth #19, #21, #22, #24 and #26; and post-traumatic asymmetry of the mandible. Treatment to date has included removal of teeth (#18 and #20), reconstruction of the jaw, removal of IMF screws and maxillary debridement. According to the progress notes dated 6/16/15, the IW reported it was reported the IW was doing well at the current phase of treatment; further reconstruction was still necessary. On examination, he had good range of motion and the mandible was more level. A CT scan of the TMJ on 3/19/14 showed abnormal and anteriorly dislocated left TMJ and post-surgical changes of the mandible. A request was made for grafting maxilla with a left sinus lift, bone graft and grafting of the maxillary ridge; extraction of remaining of remaining anterior mandibular dentition #22, #24, #25, #27 and #28 with placement of six osseous integrated implants in the mandible, immediately loaded with a temporary provisional prosthesis; six implants in the maxilla; and two hybrid prostheses fabricated in the maxilla and mandible to re-establish normal occlusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Grafting maxilla with left sinus lift, bone graft and grafting of the maxillary ridge:

Overtured

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Implant Dent. 1999; 8 (1): 36-46.

Decision rationale: Recent letter from requesting dentist [REDACTED] [REDACTED] [REDACTED] dated 07/22/15 states that patient's anterior dentition #22, 24, 25, 27 and 28 are not clinically restorable due to the amount of damage to them and it is recommended that the teeth be removed and replaced by dental implant. Per medical reference mentioned above, "In patients with an inadequate amount of bone for implant placement, sinus lift surgery can be performed to restore a sufficient amount of alveolar bone to allow for successful implant placement and subsequent prosthetic reconstruction." (Garg, 1999) Therefore this reviewer finds this request for Grafting maxilla with left sinus lift, bone graft and grafting of the maxillary ridge medically necessary to achieve adequate amount of bone for implant placement.

Extraction of remaining anterior mandibular dentition #22, #24, #25, #27 and #28 with placement of six osseous integrated implants in the mandible, immediately loaded with a temporary provisional prosthesis: Overtured

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation Medscape Reference: Tooth Extraction. Author: [REDACTED], [REDACTED], [REDACTED], [REDACTED]; Chief Editor: [REDACTED], [REDACTED], [REDACTED].

Decision rationale: Recent letter from requesting dentist [REDACTED] [REDACTED] [REDACTED] dated 07/22/15 states that patient's anterior dentition #22, 24, 25, 27 and 28 are not clinically restorable due to the amount of damage to them and it is recommended that the teeth be removed and replaced by dental implant. Per reference mentioned above, "Indications Teeth are important for aesthetic purposes and for maintaining masticatory function. Accordingly, all efforts to avoid tooth extraction must be exhausted before the decision is made to proceed with removal of a tooth. Nevertheless, there are circumstances in which it is clear that a tooth must be extracted, such as the following: A tooth that cannot be restored, because of severe caries" Since these are found to

be not clinically restorable, this reviewer finds this request for Extraction of remaining anterior mandibular dentition #22, #24, #25, #27 and #28 with placement of six osseous integrated implants in the mandible, immediately loaded with a temporary provisional prosthesis to be medically necessary to properly treat this patient's dental condition.

Implants in the maxilla x 6: 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.

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: Recent letter from requesting dentist [REDACTED] [REDACTED] [REDACTED] dated 07/22/15 states that patient's anterior dentition #22, 24, 25, 27 and 28 are not clinically restorable due to the amount of damage to them and it is recommended that the teeth be removed and replaced by dental implant. 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. " Therefore, this reviewer finds this request for Implants in the maxilla x 6 medically necessary to restore this patient's chewing ability.

Hybrid prosthesis fabricated in the maxilla and mandible to re-establish normal occlusion x 2: 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.

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: Recent letter from requesting dentist [REDACTED] [REDACTED] [REDACTED] dated 07/22/15 states that patient's anterior dentition #22, 24, 25, 27 and 28 are not clinically restorable due to the amount of damage to them and it is recommended that the teeth be removed and replaced by dental implant. 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. " Therefore, this reviewer finds this request for Hybrid prosthesis fabricated in the maxilla and mandible to re-establish normal occlusion x 2 medically necessary to restore this patient's chewing ability.