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| Case Number: | CM15-0137545 | | |
| Date Assigned: | 07/28/2015 | Date of Injury: | 12/18/2002 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 06/22/2015 |
| Priority: | Standard | Application Received: | 07/15/2015 |

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 58 year old male who sustained an industrial injury on December 19, 2002. He reports falling face forward while working hurting his right shoulder. He has reported pain to the right shoulder and has been diagnosed with status post right knee arthroscopic surgery with partial medial meniscectomy, cervical spine musculoligamentous sprain/strain with bilateral upper extremity radiculitis, with multilevel disc bulge/stenosis, status post right shoulder arthroscopic surgery, with postoperative residual strain, tendinitis and impingement with cystic mass, acromioclavicular degenerative joint disease, right elbow medial and lateral epicondylitis with dynamic cubital tunnel syndrome, right forearm, wrist flexor and extensor tendinitis with mild carpal tunnel syndrome, mild left carpal tunnel syndrome, lumbar spine musculoligamentous sprain strain, left knee patellofemoral arthralgia, and bilateral plantar fasciitis with moderate heel spur. Treatment has consisted of medications, physical therapy, acupuncture, massage, and surgery. Examination of the right knee reveals tenderness to palpation over the medial and lateral joint lines. Compression test and grind test were positive. Range of motion of the right knee was decreased. He ambulates with the use of a walker and brace. The treatment plan included follow up with an ENT, weight loss program, and follow up. The treatment request included dental work. Records reviewed reveal that Dental report of [REDACTED] dated 05/18/15 has subjective findings of sensitivity, pain, jaw pain and difficulty chewing. [REDACTED] dental findings include #7 has root canal, broken crown, root fracture horizontal, #24 has large decay, #25 has large distal decay and patient is currently missing teeth

1,2,3,4,12,17,18,19,20,21,28,29,31,32. [REDACTED] has recommended to extract all remaining teeth and place implant with a bar then an over denture for upper and lower.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Extractions for tooth #5, #7, #8, #9, #10, #11, #12, #13, #14, #15, #22, #23, #24, #25, #26, #27 and #30: Upheld

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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

Decision rationale: Records reviewed reveal that Dental report of [REDACTED] dated 05/18/15 has subjective findings of sensitivity, pain, jaw pain and difficulty chewing. [REDACTED] dental findings include #7 has root canal, broken crown, root fracture horizontal, #24 has large decay, #25 has large distal decay and patient is currently missing teeth # 1,2,3,4,12,17,18,19,20,21,28,29,31,32. [REDACTED] has recommended to extract all remaining teeth and place implant with a bar then an over denture for upper and lower. However there are insufficient documentation on why all the remaining teeth are not restorable and need to be extracted. Per medical reference mentioned above, "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; A mobile tooth with severe periodontal disease, pulp necrosis, or periapical abscess, for which root canal treatment is required that the patient cannot afford (or for which endodontic treatment failed); Overcrowding of teeth in the dental arch, resulting in orthodontic deformity." It is unclear to this reviewer why these teeth are not restorable and need to be extracted. None of the circumstances cited above have been sufficiently documented. Therefore this reviewer finds this request for multiple extractions, guided tissue membranes, and placing implant with a bar then an over denture for upper and lower and conscious sedation not medically necessary.

1 Bone Graft for tooth #5, #8, #9, #11, #12, #14, #22, #24, #25, #27 and #30: Upheld

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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

Decision rationale: Records reviewed reveal that Dental report of [REDACTED] dated 05/18/15 has subjective findings of sensitivity, pain, jaw pain and difficulty chewing. [REDACTED] dental findings include #7 has root canal, broken crown, root fracture horizontal, #24 has large decay, #25 has large distal decay and patient is currently missing teeth # 1,2,3,4,12,17,18,19,20,21,28,29,31,32. [REDACTED] has recommended to extract all remaining teeth and place implant with a bar then an over denture for upper and lower. However there are insufficient documentation on why all the remaining teeth are not restorable and need to be extracted. Per medical reference mentioned above, "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; A mobile tooth with severe periodontal disease, pulp necrosis, or periapical abscess, for which root canal treatment is required that the patient cannot afford (or for which endodontic treatment failed); and Overcrowding of teeth in the dental arch, resulting in orthodontic deformity." It is unclear to this reviewer why these teeth are not restorable and need to be extracted. None of the circumstances cited above have been sufficiently documented. Therefore this reviewer finds this request for multiple extractions, guided tissue membranes, and placing implant with a bar then an over denture for upper and lower and conscious sedation not medically necessary.

1 Guided Tissue Membrane for tooth #5, #8, #9, #11, #12, #14, #22, #24, #25, #27 and #30: Upheld

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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

Decision rationale: Records reviewed reveal that Dental report of [REDACTED] dated 05/18/15 has subjective findings of sensitivity, pain, jaw pain and difficulty chewing. [REDACTED] dental findings include #7 has root canal, broken crown, root fracture horizontal, #24 has large decay, #25 has large distal decay and patient is currently missing teeth # 1,2,3,4,12,17,18,19,20,21,28,29,31,32. [REDACTED] has recommended to extract all remaining teeth and place implant with a bar then an overdenture for upper and lower. However there are insufficient documentation on why all the remaining teeth are not restorable and need to be extracted. Per medical reference mentioned above, "efforts to avoid tooth extraction must be exhausted before the decision is made to proceed with removal of a tooth." It is unclear to this reviewer why these teeth are not restorable and need to be extracted. Therefore this reviewer finds this request for multiple extractions, guided tissue membranes, and placing implant with a bar then an overdenture for upper and lower and conscious sedation not medically necessary.

1 Surgical Implant for tooth #4, #6, #8, #9, #11, #13, #19, #21, #23, #26, #28 and #30: Upheld

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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

Decision rationale: Records reviewed reveal that Dental report of [REDACTED] dated 05/18/15 has subjective findings of sensitivity, pain, jaw pain and difficulty chewing. [REDACTED] dental findings include #7 has root canal, broken crown, root fracture horizontal, #24 has large decay, #25 has large distal decay and patient is currently missing teeth # 1,2,3,4,12,17,18,19,20,21,28,29,31,32. [REDACTED] has recommended to extract all remaining teeth and place implant with a bar then an over denture for upper and lower. However there are insufficient documentation on why all the remaining teeth are not restorable and need to be extracted. Per medical reference mentioned above, "efforts to avoid tooth extraction must be exhausted before the decision is made to proceed with removal of a tooth." It is unclear to this reviewer why these teeth are not restorable and need to be extracted. Therefore this reviewer finds this request for multiple extractions, guided tissue membranes, and placing implant with a bar then an overdenture for upper and lower and conscious sedation not medically necessary.

1 Upper Surgical Guide: Upheld

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 Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

Decision rationale: Records reviewed reveal that Dental report of [REDACTED] dated 05/18/15 has subjective findings of sensitivity, pain, jaw pain and difficulty chewing. [REDACTED] dental findings include #7 has root canal, broken crown, root fracture horizontal, #24 has large decay, #25 has large distal decay and patient is currently missing teeth # 1,2,3,4,12,17,18,19,20,21,28,29,31,32. [REDACTED] has recommended to extract all remaining teeth and place implant with a bar then an over denture for upper and lower. However there are insufficient documentation on why all the remaining teeth are not restorable and need to be extracted. Per medical reference mentioned above, "efforts to avoid tooth extraction must be exhausted before the decision is made to proceed with removal of a tooth." It is unclear to this reviewer why these teeth are not restorable and need to be extracted. Therefore this reviewer finds this request for multiple extractions, guided tissue membranes, and placing implant with a bar then an overdenture for upper and lower and conscious sedation not medically necessary.

1 Lower Surgical Guide: Upheld

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 Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

Decision rationale: Records reviewed reveal that Dental report of [REDACTED] dated 05/18/15 has subjective findings of sensitivity, pain, jaw pain and difficulty chewing. [REDACTED] dental findings include #7 has root canal, broken crown, root fracture horizontal, #24 has large decay, #25 has large distal decay and patient is currently missing teeth # 1,2,3,4,12,17,18,19,20,21,28,29,31,32. [REDACTED] has recommended to extract all remaining teeth and place implant with a bar then an over denture for upper and lower. However there are insufficient documentation on why all the remaining teeth are not restorable and need to be extracted. Per medical reference mentioned above, "efforts to avoid tooth extraction must be exhausted before the decision is made to proceed with removal of a tooth." It is unclear to this reviewer why these teeth are not restorable and need to be extracted. Therefore this reviewer finds this request for multiple extractions, guided tissue membranes, and placing implant with a bar then an overdenture for upper and lower and conscious sedation not medically necessary.

1 Upper Immediate Dentures: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Health Partners Dental Group and Clinics, 2013 Dec, page 69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

Decision rationale: Records reviewed reveal that Dental report of [REDACTED] dated 05/18/15 has subjective findings of sensitivity, pain, jaw pain and difficulty chewing. [REDACTED] dental findings include #7 has root canal, broken crown, root fracture horizontal, #24 has large decay, #25 has large distal decay and patient is currently missing teeth # 1,2,3,4,12,17,18,19,20,21,28,29,31,32. [REDACTED] has recommended to extract all remaining teeth and place implant with a bar then an over denture for upper and lower. However there are insufficient documentation on why all the remaining teeth are not restorable and need to be extracted. Per medical reference mentioned above, "efforts to avoid tooth extraction must be exhausted before the decision is made to proceed with removal of a tooth." It is unclear to this reviewer why these teeth are not restorable and need to be extracted. Therefore this reviewer finds this request for multiple extractions, guided tissue membranes, and placing implant with a bar then an overdenture for upper and lower and conscious sedation not medically necessary.

1 Lower Immediate Dentures: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Health Partners Dental Group and Clinics, 2013 Dec, page 69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

Decision rationale: Records reviewed reveal that Dental report of [REDACTED] dated 05/18/15 has subjective findings of sensitivity, pain, jaw pain and difficulty chewing. [REDACTED] dental findings include #7 has root canal, broken crown, root fracture horizontal, #24 has large decay, #25 has large distal decay and patient is currently missing teeth # 1,2,3,4,12,17,18,19,20,21,28,29,31,32. [REDACTED] has recommended to extract all remaining teeth and place implant with a bar then an over denture for upper and lower. However there are insufficient documentation on why all the remaining teeth are not restorable and need to be extracted. Per medical reference mentioned above, "efforts to avoid tooth extraction must be exhausted before the decision is made to proceed with removal of a tooth." It is unclear to this reviewer why these teeth are not restorable and need to be extracted. Therefore this reviewer finds this request for multiple extractions, guided tissue membranes, and placing implant with a bar then an overdenture for upper and lower and conscious sedation not medically necessary.

1 Upper Dental Implant Support Connecting Bar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Health Partners Dental Group and Clinics, 2013 Dec, page 69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

Decision rationale: Records reviewed reveal that Dental report of [REDACTED] dated 05/18/15 has subjective findings of sensitivity, pain, jaw pain and difficulty chewing. [REDACTED] dental findings include #7 has root canal, broken crown, root fracture horizontal, #24 has large decay, #25 has large distal decay and patient is currently missing teeth # 1,2,3,4,12,17,18,19,20,21,28,29,31,32. [REDACTED] has recommended to extract all remaining teeth and place implant with a bar then an over denture for upper and lower. However there are insufficient documentation on why all the remaining teeth are not restorable and need to be extracted. Per medical reference mentioned above, "efforts to avoid tooth extraction must be exhausted before the decision is made to proceed with removal of a tooth." It is unclear to this reviewer why these teeth are not restorable and need to be extracted. Therefore this reviewer finds this request for multiple extractions, guided tissue membranes, and placing implant with a bar then an overdenture for upper and lower and conscious sedation not medically necessary.

1 Lower Dental Implant Support Connecting Bar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Health Partners Dental Group and Clinics, 2013 Dec, page 69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

Decision rationale: Records reviewed reveal that Dental report of [REDACTED] dated 05/18/15 has subjective findings of sensitivity, pain, jaw pain and difficulty chewing. [REDACTED] dental findings include #7 has root canal, broken crown, root fracture horizontal, #24 has large decay, #25 has large distal decay and patient is currently missing teeth # 1,2,3,4,12,17,18,19,20,21,28,29,31,32. [REDACTED] has recommended to extract all remaining teeth and place implant with a bar then an over denture for upper and lower. However there are insufficient documentation on why all the remaining teeth are not restorable and need to be extracted. Per medical reference mentioned above, "efforts to avoid tooth extraction must be exhausted before the decision is made to proceed with removal of a tooth." It is unclear to this reviewer why these teeth are not restorable and need to be extracted. Therefore this reviewer finds this request for multiple extractions, guided tissue membranes, and placing implant with a bar then an overdenture for upper and lower and conscious sedation not medically necessary.

1 Permanent Upper Overdenture Complete: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Health Partners Dental Group and Clinics, 2013 Dec, page 69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

Decision rationale: Records reviewed reveal that Dental report of [REDACTED] dated 05/18/15 has subjective findings of sensitivity, pain, jaw pain and difficulty chewing. [REDACTED] dental findings include #7 has root canal, broken crown, root fracture horizontal, #24 has large decay, #25 has large distal decay and patient is currently missing teeth # 1,2,3,4,12,17,18,19,20,21,28,29,31,32. [REDACTED] has recommended to extract all remaining teeth and place implant with a bar then an over denture for upper and lower. However there are insufficient documentation on why all the remaining teeth are not restorable and need to be extracted. Per medical reference mentioned above, "efforts to avoid tooth extraction must be exhausted before the decision is made to proceed with removal of a tooth." It is unclear to this reviewer why these teeth are not restorable and need to be extracted. Therefore this reviewer finds this request for multiple extractions, guided tissue membranes, and placing implant with a bar then an overdenture for upper and lower and conscious sedation not medically necessary.

1 Permanent Lower Overdenture Complete: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Health Partners Dental Group and Clinics, 2013 Dec, page 69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

Decision rationale: Records reviewed reveal that Dental report of [REDACTED] dated 05/18/15 has subjective findings of sensitivity, pain, jaw pain and difficulty chewing. [REDACTED] dental findings include #7 has root canal, broken crown, root fracture horizontal, #24 has large decay, #25 has large distal decay and patient is currently missing teeth # 1,2,3,4,12,17,18,19,20,21,28,29,31,32. [REDACTED] has recommended to extract all remaining teeth and place implant with a bar then an over denture for upper and lower. However there are insufficient documentation on why all the remaining teeth are not restorable and need to be extracted. Per medical reference mentioned above, "efforts to avoid tooth extraction must be exhausted before the decision is made to proceed with removal of a tooth." It is unclear to this reviewer why these teeth are not restorable and need to be extracted. Therefore this reviewer finds this request for multiple extractions, guided tissue membranes, and placing implant with a bar then an overdenture for upper and lower and conscious sedation not medically necessary.

12 Weeks of MLS laser therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57.

Decision rationale: Low-Level Laser Therapy (LLLT) is not recommended. There has been interest in using low-level lasers as a conservative alternative to treat pain. Low-level lasers, also known as "cold lasers" and non-thermal lasers, refer to the use of red-beam or near-infrared lasers with a wavelength between 600 and 1000 nm and wattage from 5-500 milliwatts, page 57 of 127. Records reviewed indicate that patient has jaw pain. Treating dentist states that due to the multiple falls and the pain from multiple injuries that arose out of work, the patient developed TMD disorder. He states that symptoms that come with TMD can become chronic and very difficult to manage. He is recommending 12 Weeks of MLS laser therapy. However, per MTUS guidelines, laser therapy is not recommended. Therefore this reviewer finds this request for 12 weeks of laser therapy not medically necessary.

12 Weeks TENS Unit Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, MTUS (Effective July 18, 2009), page 114 of 127, TENS, chronic pain (transcutaneous electrical nerve stimulation is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. Records reviewed indicate that patient has jaw pain. Treating dentist states that due to the multiple falls and the pain from multiple injuries that arose out of work, the patient developed TMD disorder. He states that symptoms that come with TMD can become chronic and very difficult to manage. He is recommending 12 Weeks TENS Unit Therapy. However, per MTUS guidelines mentioned above, "TENS (transcutaneous electrical nerve stimulation) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." Therefore this reviewer finds this request for 12 Weeks TENS Unit Therapy not medically necessary.

1 Conscious Sedation: Upheld

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 Medscape Reference: Tooth Extraction. Author: Talib Najjar, DMD, MDS, PhD; Chief Editor: Arlen D Meyers, MD, MBA.

Decision rationale: Records reviewed reveal that Dental report of [REDACTED] dated 05/18/15 has subjective findings of sensitivity, pain, jaw pain and difficulty chewing. [REDACTED] dental findings include #7 has root canal, broken crown, root fracture horizontal, #24 has large decay, #25 has large distal decay and patient is currently missing teeth # 1,2,3,4,12,17,18,19,20,21,28,29,31,32. [REDACTED] has recommended to extract all remaining teeth and place implant with a bar then an over denture for upper and lower. However there are insufficient documentation on why all the remaining teeth are not restorable and need to be extracted. Per medical reference mentioned above, "efforts to avoid tooth extraction must be exhausted before the decision is made to proceed with removal of a tooth." It is unclear to this reviewer why these teeth are not restorable and need to be extracted. Therefore this reviewer

finds this request for multiple extractions, guided tissue membranes, and placing implant with a bar then an overdenture for upper and lower and conscious sedation not medically necessary.