

Case Number:	CM15-0138839		
Date Assigned:	07/28/2015	Date of Injury:	03/02/2009
Decision Date:	09/16/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/17/2015

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 female, who sustained an industrial injury on 3-02-2009. Pertinent diagnoses include xerostomia, bruxism, myofascial pain of the facial musculature, capsulitis and inflammation of the right and left transmandibular joint (TMJ), internal derangement of the TMJ discs, TMJ osteoarthritis, mastication impairment, and aggravating periodontal disease and gingival inflammation. Treatment to date has included a TMJ bite guard. Per the most recent submitted Primary Treating Physician's Progress Report dated 1-27-2015, the injured worker reported pain in her knees that was more severe. Physical examination revealed patellofemoral pain on the left and crepitation on the right with range of motion. There was medial joint line tenderness bilaterally. The plan of care included surgical intervention and authorization was requested for extraction #2, 8 and 10, implant placement 4, 8, 10 and 15, bone graft and membrane 2, 8 and 10, connective tissue grafts at 8 and 10, transitional denture to replace 8 and 10, root canal 5 and 13, and core buildup 5 and 13, crowns at 5 and 13, uncover implants 4, 8, 10 and 15, custom abutments 4, 8, 10 and 15, implant crowns 4, 8, 10 and 15, pontic #9, occlusal guard and 3 month periodontal maintenance with topical fluoride therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extraction #2, 8 and 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Misch et al Contemporary Implant Dentistry by Mosby, APP Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2).

Decision rationale: Records reviewed indicate that the dental provider is recommending for extraction #2, 8 and 10, implant placement 4, 8, 10 and 15, bone graft and membrane 2, 8 and 10, connective tissue grafts at 8 and 10, transitional denture to replace 8 and 10, root canal 5 and 13, and core buildup 5 and 13, crowns at 5 and 13, uncover implants 4, 8, 10 and 15, custom abutments 4, 8, 10 and 15, implant crowns 4, 8, 10 and 15, pontic #9, occlusal guard and 3 month periodontal maintenance with topical fluoride therapy. However there are insufficient dental reports from the requesting dentist. There is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this Extraction #2, 8 and 10 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.

Implant placement 4, 8, 10, 15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Misch et al Contemporary Implant Dentistry by Mosby, APP Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2).

Decision rationale: Records reviewed indicate that the dental provider is recommending for extraction #2, 8 and 10, implant placement 4, 8, 10 and 15, bone graft and membrane 2, 8 and 10, connective tissue grafts at 8 and 10, transitional denture to replace 8 and 10, root canal 5 and 13, and core buildup 5 and 13, crowns at 5 and 13, uncover implants 4, 8, 10 and 15, custom abutments 4, 8, 10 and 15, implant crowns 4, 8, 10 and 15, pontic #9, occlusal guard and 3 month periodontal maintenance with topical fluoride therapy. However there are insufficient dental reports from the requesting dentist. There is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this Implant placement 4, 8, 10, 15 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.

Bone graft and membrane, 2, 8, 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Misch et al Contemporary Implant Dentistry by Mosby, APP Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2).

Decision rationale: Records reviewed indicate that the dental provider is recommending for extraction #2, 8 and 10, implant placement 4, 8, 10 and 15, bone graft and membrane 2, 8 and 10, connective tissue grafts at 8 and 10, transitional denture to replace 8 and 10, root canal 5 and 13, and core buildup 5 and 13, crowns at 5 and 13, uncover implants 4, 8, 10 and 15, custom abutments 4, 8, 10 and 15, implant crowns 4, 8, 10 and 15, pontic #9, occlusal guard and 3 month periodontal maintenance with topical fluoride therapy. However there are insufficient dental reports from the requesting dentist. There is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this Bone graft and membrane, 2, 8, 10 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.

Connective tissue grafts 8 and 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Misch et al Contemporary Implant Dentistry by Mosby, APP Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2).

Decision rationale: Records reviewed indicate that the dental provider is recommending for extraction #2, 8 and 10, implant placement 4, 8, 10 and 15, bone graft and membrane 2, 8 and 10, connective tissue grafts at 8 and 10, transitional denture to replace 8 and 10, root canal 5 and 13, and core buildup 5 and 13, crowns at 5 and 13, uncover implants 4, 8, 10 and 15, custom abutments 4, 8, 10 and 15, implant crowns 4, 8, 10 and 15, pontic #9, occlusal guard and 3 month periodontal maintenance with topical fluoride therapy. However there are insufficient dental reports from the requesting dentist. There is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this Connective tissue grafts 8 and 10 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.

3 month periodontal maintenance with topical fluoride therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Misch et al Contemporary Implant Dentistry by Mosby, APP Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2).

Decision rationale: Records reviewed indicate that the dental provider is recommending for extraction #2, 8 and 10, implant placement 4, 8, 10 and 15, bone graft and membrane 2, 8 and 10, connective tissue grafts at 8 and 10, transitional denture to replace 8 and 10, root canal 5 and 13, and core buildup 5 and 13, crowns at 5 and 13, uncover implants 4, 8, 10 and 15, custom abutments 4, 8, 10 and 15, implant crowns 4, 8, 10 and 15, pontic #9, occlusal guard and 3 month periodontal maintenance with topical fluoride therapy. However there are insufficient dental reports from the requesting dentist. There is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this 3 month periodontal maintenance with topical fluoride therapy 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.