

Case Number:	CM15-0194457		
Date Assigned:	10/08/2015	Date of Injury:	10/05/2009
Decision Date:	11/16/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/02/2015

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 64 year old male, who sustained an industrial injury on 10-5-2009. Medical records indicate the worker is undergoing treatment for dental caries and disturbance of salivary secretion. A recent dental progress report dated 9-15-2015, reported the injured worker complained of speech, esthetic and social difficulties with temporary denture. Physical examination revealed healed implants and myofascial and temporal mandibular joint pain causing mastication and speech difficulties. Treatment to date has included dental care and medication management. The physician is requesting Retrospective Free Gingival graft #28, 29, 30 DOS 8-31-15, Retrospective Biological materials #28, 29, 30 DOS 8-31-15, Retrospective Free Gingival graft #20, 21, 22 DOS 10-8-15 and Retrospective Biological materials #20, 21, 22 DOS 10-8-15. On 9-28-2015, the Utilization Review non-certified the request for Retrospective Free Gingival graft #28, 29, 30 DOS 8-31-15, Retrospective Biological materials #28, 29, 30 DOS 8-31-15, Retrospective Free Gingival graft #20, 21, 22 DOS 10-8-15 and Retrospective Biological materials #20, 21, 22 DOS 10-8-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Free Gingival graft #28, 29, 30 DOS 8-31-15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/8477866>.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed indicate that patient presented with a chief complaint of clenching and grinding his teeth. Patient cannot eat properly or function properly with his current partial denture. Dentist states that all surgical sites are healing well and will be ready for fixed implant restorations. On August 5, 2015, Dentist states that patient has recession of 1-5 mm on teeth 20, 21, 28, 29 with minimal attached tissue and inflammation. On that report dentist recommends free gingival graft #20, 21, 28, 29. On the supplemental report dated 10/22/15 ■■■■■ states that teeth 20, 21, 22, 27, 28, 29 have recession of 2-4 mm with a narrow zone of keratinized tissue along with gingival inflammation. Dentist states that these qualify as mucogingival conditions that require care. However there are insufficient documentation regarding tooth #30 in the records provided and why this tooth also needs free gingival graft. 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 for this request. This reviewer finds this request not medically necessary at this time.

Retrospective Biological materials #28, 29, 30 DOS 8-31-15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/1563821>.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed indicate that patient presented with a chief complaint of clenching and grinding his teeth. Patient cannot eat properly or function properly with his current partial denture. Dentist states that all surgical sites are healing well and will be ready for fixed implant restorations. On August 5, 2015, Dentist states that patient has recession of 1-5 mm on teeth 20, 21, 28, 29 with minimal attached tissue and inflammation. On that report dentist recommends free gingival graft #20, 21, 28, 29. On the supplemental report dated 10/22/15 ■■■■■ states that teeth 20, 21, 22, 27, 28, 29 have recession of 2-4 mm with a narrow zone of keratinized tissue along with gingival inflammation. Dentist states that these qualify as mucogingival conditions that require care. However there are insufficient documentation regarding tooth #30 in the records provided and why this tooth also needs Biological materials. 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 for this request. This reviewer finds this request not medically necessary at this time.

Retrospective Free Gingival graft #20, 21, 22 DOS 10-8-15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/25821941>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clin Implant Dent Relat Res. 2013 Dec; 15 (6): 847-57. Soft tissue preservation and pink aesthetics around single immediate implant restorations: a 1-year prospective study, Cosyn J1, De Bruyn H, Cleymaet R.

Decision rationale: Records reviewed indicate that patient presented with a chief complaint of clenching and grinding his teeth. Patient cannot eat properly or function properly with his current partial denture. Dentist states that all surgical sites are healing well and will be ready for fixed implant restorations. On August 5, 2015, Dentist states that patient has recession of 1-5 mm on teeth 20, 21, 28, 29 with minimal attached tissue and inflammation. On that report dentist recommends free gingival graft #20, 21, 28, 29. On the supplemental report dated 10/22/15 ■■■■■ states that teeth 20, 21, 22, 27, 28, 29 have recession of 2-4 mm with a narrow zone of keratinized tissue along with gingival inflammation. Dentist states that these qualify as mucogingival conditions that require care. Per reference mentioned above, "Preservation of pink aesthetics is possible following IIT (immediate implant treatment). However, to achieve that, CTG (connective tissue graft) may be necessary in about one-third of the patients." Therefore based on the records reviewed, along with findings and reference mentioned above, this reviewer finds this request for gingival graft #20, 21, 22 is medically necessary to help maintain the dentition in good health and function and also decrease the risk of progressive recession.

Retrospective Biological materials #20, 21, 22 DOS 10-8-15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/1563821>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clin Implant Dent Relat Res. 2013 Dec;15(6):847-57. Soft tissue preservation and pink aesthetics around single immediate implant restorations: a 1-year prospective study, Cosyn J1, De Bruyn H, Cleymaet R.

Decision rationale: Records reviewed indicate that patient presented with a chief complaint of clenching and grinding his teeth. Patient cannot eat properly or function properly with his current partial denture. Dentist states that all surgical sites are healing well and will be ready for fixed implant restorations. On August 5, 2015, Dentist states that patient has recession of 1-5 mm on teeth 20, 21, 28, 29 with minimal attached tissue and inflammation. On that report dentist recommends free gingival graft #20, 21, 28, 29. On the supplemental report dated 10/22/15 ■■■■■ states that teeth 20, 21, 22, 27, 28, 29 have recession of 2-4 mm with a narrow zone of keratinized tissue along with gingival inflammation. Dentist states that these qualify as mucogingival conditions that require care. Per reference mentioned above, "Preservation of pink aesthetics is possible following IIT (immediate implant treatment). However, to achieve that, CTG (connective tissue graft) may be necessary in about one-third of the patients." Therefore based on the records reviewed, along with findings and reference mentioned above, this reviewer finds this request for Biological materials #20, 21, 22 is medically necessary to help maintain the dentition in good health and function and also decrease the risk of progressive recession.