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| Case Number: | CM15-0195789 | | |
| Date Assigned: | 10/09/2015 | Date of Injury: | 01/07/2013 |
| Decision Date: | 11/24/2015 | UR Denial Date: | 09/17/2015 |
| Priority: | Standard | Application Received: | 10/05/2015 |

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:

This injured worker is a 40 year old male who reported an industrial injury on 1-7-2013. His diagnoses, and or impressions, were noted to include: fracture of the right malar complex; nasal fracture; mid-line mandibular fracture; extensive laceration from the lip to the chin area; an open mandibular, maxilla and alveolar ridge fractures, status-post open reduction internal fixation of right para-symphyseal mandible, intra-operative placement of inter-maxillary fixation and removal, and complex repair of lower lip and chin lacerations (1-8-13), and status-post open reduction internal fixation of left maxillary bone fracture harvest of right anterior iliac crest bone graft, debridement of anterior maxilla, placement of 2 Cortico-cancellous blocks of bone graft (6-18-13); and debridement of bone, mucosa, muscle and skin, open reduction of anterior maxilla dento-alveolar fractures, alveoplasty of 2 quadrants of alveolar bone, extraction of #9, 10, 11, 24 & 25 (8-5-15); and post-traumatic stress disorder. No imaging studies were noted. His treatments were noted to include: a qualified medical evaluation complex comprehensive medical-legal evaluation on 7-2-2015; dental and repair surgeries; medication management; psychological-pain management; and a return to full time duties. The progress notes of 7-2-2015 noted complaints of some difficulty mastication food at the point before the final reconstructive surgery to the middle third of his upper dental alveolar ridge and maxilla teeth (which were missing). The objective findings were noted to include: that he had had excellent reconstructive surgery and that the last portion to be done was a dental restoration of the middle 1/3 of his maxilla (upper teeth), and that once that was accomplished it was apparent that his reconstructive surgery would be complete and he should not require any more. The physician's requests for treatments was noted to include for the remaining-final part of his

therapy which is dental restoration of the dentition in the middle 1/3 of his upper teeth (maxilla). The Request for Authorization, dated 9-11-2015, was for implant-abutment supported fixed. The Utilization Review of 9-17-2015 modified the request for an implant-abutment supported fixed denture for partially edentulous arch, to a removable implant prosthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Implant-abutment supported fixed denture for partial edentulous arch: 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 (facial fractures).

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter.

Decision rationale: Records reviewed, and UR letter dated 09/17/15 states that a successful peer to peer call with [REDACTED] was made and [REDACTED] explained that an implant removable appliance is to be used instead of an implant fixed appliance due to hygiene as the patient develops heavy calculus buildup. UR dentist states that [REDACTED] explained patient develops heavy calculus thus they can remove the appliance once per year and clean the abutments and appliance. UR dentist has modified and approved the request for a removable implant prosthesis. Per UR dentist, [REDACTED] has recommended an implant removable appliance to be used instead of an implant fixed appliance due to hygiene, and this has been approved by UR. However this request is for an Implant-abutment supported fixed denture for partial edentulous arch, but there are insufficient documentation from the requesting dentist to medically justify this request. Absent further detailed documentation and clear rationale, the medical necessity for this Implant-abutment supported fixed denture 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.