

Case Number:	CM15-0199087		
Date Assigned:	10/19/2015	Date of Injury:	06/18/1992
Decision Date:	12/09/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/09/2015

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 66-year-old male who sustained an industrial injury on 6-18-92. Diagnoses noted (8-4-15) include status post All-On-4 maxillary and mandible implant-prostheses, bruxism-clenching, internal derangement-left temporomandibular joint, myalgia of the muscles of mastication, and status post fractured teeth. Subjective complaints (8-4-15) include biting lip on #11 area. Objective findings (8-4-15) include comfort opening 44 mm, click-pop left temporomandibular joint, and pain in bilateral masseter, bilateral temporalis, bilateral lateral pterygoid, bilateral sternocleidomastoid, and bilateral trapezius muscles. It is noted Nitrous Oxide analgesia is required due to the anxiety fear and phobia to have dental procedures performed. A request for authorization is dated 7-28-15. On 9-11-15, the requested treatment of upper implant maintenance once every 6 months was modified to once every 6 months x2 years, lower implant maintenance once every 6 months was modified to every 6 months x2 years, periodontal prophylaxis once every 6 months was modified to once every 6 months x2 years, oral hygiene instruction once every 6 months was modified to certify oral hygiene, PerioGard oral rinse once every 6 months was modified to once every 6 months x2 years, Nitrous Oxide analgesia times 8 every 6 months was modified to times 8 every 6 months x2 years, repair of implant prosthesis as needed, WaterPik cleaning device once per year, and night guard appliance once per year was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper Implant Maintenance (once every six months): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Online Version, Head Chapter, Dental Trauma Treatment (facial fractures).

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

Decision rationale: Records reviewed indicate that patient has been diagnosed with status post All-On-4 maxillary and mandible implant-prostheses, bruxism-clenching, internal derangement-left temporomandibular joint, myalgia of the muscles of mastication, and status post fractured teeth. Treating dentist is recommending Upper Implant Maintenance (once every six months). However, there is insufficient documentation in the records provided to medically justify this request for once every six months without a prior re-evaluation and updated documentations. Absent further detailed documentation and clear rationale, the medical necessity for this ongoing 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 finds this request not medically necessary at this time.

Lower Implant Maintenance (once every six months): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Online Version, Head Chapter, Dental Trauma Treatment (facial fractures).

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

Decision rationale: Records reviewed indicate that patient has been diagnosed with status post All-On-4 maxillary and mandible implant-prostheses, bruxism-clenching, internal derangement-left temporomandibular joint, myalgia of the muscles of mastication, and status post fractured teeth. Treating dentist is recommending Lower Implant Maintenance (once every six months). However, there is insufficient documentation in the records provided to medically justify this request for once every six months without a prior re-evaluation and updated documentations. Absent further detailed documentation and clear rationale, the medical necessity for this ongoing 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 finds this request not medically necessary at this time.

Periodontal Prophylaxis (once every six months): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Online Version, Head Chapter, Dental Trauma Treatment (facial fractures).

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

Decision rationale: Records reviewed indicate that patient has been diagnosed with status post All-On-4 maxillary and mandible implant-prostheses, bruxism-clenching, internal derangement-left temporomandibular joint, myalgia of the muscles of mastication, and status post fractured teeth. Treating dentist is recommending Periodontal Prophylaxis (once every six months). However there is insufficient documentation in the records provided to medically justify this ongoing request for once every six months without a prior re-evaluation and updated documentations. Absent further detailed documentation and clear rationale, the medical necessity for this ongoing 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 finds this request not medically necessary at this time.

Repair of Implant Prosthesis as-needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Online Version, Head Chapter, Dental Trauma Treatment (facial fractures).

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

Decision rationale: Records reviewed indicate that patient has been diagnosed with status post All-On-4 maxillary and mandible implant-prostheses, bruxism-clenching, internal derangement-left temporomandibular joint, myalgia of the muscles of mastication, and status post fractured teeth. Treating dentist is recommending Repair of Implant Prosthesis as needed. However, the requesting dentist is recommending a non-specific treatment plan to repair prosthesis as needed. It is unclear to this reviewer what kind of specific repair this dentist is recommending. 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 in for this request. This reviewer finds this request to be not medically necessary.

PerioGard Oral Rinse (once every six months): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Online Version, Head Chapter, Dental Trauma Treatment (facial fractures).

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

Decision rationale: Records reviewed indicate that patient has been diagnosed with status post All-On-4 maxillary and mandible implant-prostheses, bruxism-clenching, internal derangement-left temporomandibular joint, myalgia of the muscles of mastication, and status post fractured teeth. Treating dentist is recommending PerioGard Oral Rinse (once every six months). However, there is insufficient documentation in the records provided to medically justify this ongoing request for once every six months without a prior re-evaluation and updated documentations. Absent further detailed documentation and clear rationale, the medical necessity for this ongoing 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 finds this request not medically necessary at this time.

Oral Hygiene Instruction (once every six months): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Online Version, Head Chapter, Dental Trauma Treatment (facial fractures).

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

Decision rationale: Records reviewed indicate that patient has been diagnosed with status post All-On-4 maxillary and mandible implant-prostheses, bruxism-clenching, internal derangement-left temporomandibular joint, myalgia of the muscles of mastication, and status post fractured teeth. Treating dentist is recommending Oral Hygiene Instruction (once every six months). However, there is insufficient documentation in the records provided to medically justify this ongoing request for once every six months without a prior re-evaluation and updated documentations. Absent further detailed documentation and clear rationale, the medical necessity for this ongoing 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 finds this request not medically necessary at this time.

WaterPik Cleaning Device (once per year): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Online Version, Head Chapter, Dental Trauma Treatment (facial fractures).

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

Decision rationale: Records reviewed indicate that patient has been diagnosed with status post All-On-4 maxillary and mandible implant-prostheses, bruxism-clenching, internal derangement-left temporomandibular joint, myalgia of the muscles of mastication, and status post fractured teeth. Treating dentist is recommending WaterPik Cleaning Device (once per year). However, there is insufficient documentation in the records provided to medically justify this ongoing request for once per year without a prior re-evaluation and updated documentations. Absent further detailed documentation and clear rationale, the medical necessity for this ongoing 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 finds this request not medically necessary at this time.

Night Guard Appliance (once per year): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Online Version, Head Chapter, Dental Trauma Treatment (facial fractures).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Bruxism Management , Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA. Appliance Therapy.

Decision rationale: Records reviewed indicate that patient has been diagnosed with status post All-On-4 maxillary and mandible implant-prostheses, bruxism-clenching, internal derangement-left temporomandibular joint, myalgia of the muscles of mastication, and status post fractured teeth. Treating dentist is recommending Night Guard Appliance (once per year). However there is insufficient documentation in the records provided to medically justify this ongoing request for once every year without a prior re-evaluation and updated documentations. Absent further detailed documentation and clear rationale, the medical necessity for this ongoing 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 finds this request not medically necessary at this time.

Nitrous Oxide Analgesia (times eight every six months): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Online Version, Head Chapter, Dental Trauma Treatment (facial fractures).

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

Decision rationale: Records reviewed indicate that patient has been diagnosed with status post All-On-4 maxillary and mandible implant-prostheses, bruxism-clenching, internal derangement-left temporomandibular joint, myalgia of the muscles of mastication, and status post fractured teeth. Treating dentist is recommending Nitrous Oxide Analgesia (times eight every six months) due to patient having anxiety during dental procedures and nitrous oxide helps to calm the patient. However, there is insufficient documentation in the records provided to medically justify this ongoing request for eight times every six months without a prior re-evaluation and updated documentations. Absent further detailed documentation and clear rationale, the medical necessity for this ongoing 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 finds this request not medically necessary at this time.