

Case Number:	CM15-0204991		
Date Assigned:	10/21/2015	Date of Injury:	06/10/2002
Decision Date:	12/08/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/19/2015

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 48 year old male who sustained an industrial injury on 06/10/2002. His diagnoses included bilateral shoulder tendonitis, status post left knee arthroscopy (08-20-2002) and Status post right knee arthroscopy (07-17-2003), right ankle sprain, status post open reduction internal fixation left ankle, probable left little toe fracture, morbid obesity, erectile dysfunction, sleep disturbance, and dental complaints. Medical records indicated the worker was treated for xerostomia, decay, periodontal disease, and loss of teeth due to dry mouth syndrome after prolonged use of multiple medications (Norco, Vicodin, Darvocet, and Oxycontin) for a long period of time. In the provider notes of 08-18-2015 the injured worker complains of awakening with a dry mouth with his tongue stuck to the roof of his mouth. According to dental notes, he stated he had a full set of teeth prior to his accident and its subsequent surgeries. His tooth decay is attributed to xerostomia secondary to medication use. He has lost 15 teeth since 2002, and the plan is for removal of eight teeth and placement of 6 implants on top and 8 implants on the bottom jaw to replace missing teeth. A request for authorization was submitted for: 1. Irrigation; 2. Bridge Pontic, 5; 3. Deep Clean; 4. Interim Upper; 5. Interim Lower; 6. Extraction, 8; 7. Implant 14; 8. Abutment, 14; 9. Imp Bridge Abu, 14; 10. Dental X-rays performed. A utilization review decision 09-23-2015; Approved: Interim Upper; Interim Lower; Extraction, 8; Implant 14; Abutment, 14; Imp Bridge Abu, 14; Dental X-rays performed; Deep Clean and non-approved: Irrigation- Bridge Pontic, 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Irrigation: Overturned

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 JOURNAL OF Periodontology, Parameter on Chronic Periodontitis With Slight to Moderate Loss of Periodontal Support Volume 71 Number 5 May 2000 (Supplement) Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82 (7): 943-9. [133 references].

Decision rationale: Records reviewed indicate that patient's tooth decay has been attributed to xerostomia secondary to medication use. He has lost 15 teeth since 2002, and the plan is for removal of eight teeth and placement of 6 implants on top and 8 implants on the bottom jaw to replace missing teeth. Treating dentist is recommending irrigation. Per reference above from Journal of Periodontology, for initial therapy of periodontal disease should include: "Antimicrobial agents or devices may be used as adjuncts." Therefore based on the records reviewed, along with the findings and reference mentioned above, as well as methods used in Dentistry, this reviewer finds this request for Irrigation to be medically necessary to properly treat this patient's dental condition.

Bridge Pontic, 5: Overturned

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 Official Disability Guidelines (ODG) Head Chapter.

Decision rationale: Records reviewed indicate that patient's tooth decay has been attributed to xerostomia secondary to medication use. He has lost 15 teeth since 2002, and the plan is for removal of eight teeth and placement of 6 implants on top and 8 implants on the bottom jaw to replace missing teeth. Treating dentist is recommending Bridge Pontic 5. Per reference mentioned above, "Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury." Therefore based on the records reviewed, along with the findings and reference mentioned above, as well as methods used in Dentistry, this reviewer finds this request for Bridge Pontic, 5 to be medically necessary to properly treat this patient's dental condition.