

<b>Case Number:</b>	CM15-0206258		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	05/12/2015
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 51-year-old female, who sustained an industrial-work injury on 5-12-15. A review of the medical records indicates that the injured worker is undergoing treatment for unspecified disorder of the teeth and supporting structures. Treatment to date has included general dental exam, dental x-rays, periodontist consult, and other modalities. Medical records dated 8-24-15 indicate that the injured worker complains of pain and sensitivity to cold and loose front teeth which are the upper front teeth numbers 8 and 9. Per the treating physician, report dated 9-14-15 the injured worker may return to work without restrictions. The physical exam reveals those teeth numbers 8, 9 and 10 all have fracture lines. Tooth number 8 has grade 3 mobility teeth numbers 9 and 10 have grade 2 mobility. There are seven teeth already missing in the upper arch. The injured worker has class III periodontal disease and all of these conditions are significant factors against successful implant placement. Overall, the upper dental arch is incomplete and dysfunctional. The physician indicates that placing two implants will not restore occlusal function to the upper arch. The requested services included Outpatient tooth #8 surgical placement of implant, endosteal implant, Outpatient tooth #9 surgical placement of implant, endosteal implant and guided tissue regeneration-resorbable barrier per site #2. The original Utilization review dated 10-12-15 non-certified the request for Outpatient tooth #8 surgical placement of implant, endosteal implant, Outpatient tooth #9 surgical placements of implant, endosteal implant and Guided tissue regeneration-resorbable barrier per site #2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient tooth #8 surgical placement of implant, endosteal implant: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation web based ACOEM.

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

**Decision rationale:** Records reviewed and one call care report dated 08/24/15 of Periodontist [REDACTED] states that teeth #'s 8, 9, 10 have fracture lines on the facial surface. Seven teeth are already missing in the upper arch. The patient has class III periodontal, fair oral hygiene and is a smoker. Dentist states that all of these conditions are significant risk factors against successful implant placement. He feels that it has very guarded prognosis and placing two implants will not restore occlusal function to the upper arch, even if the implants succeed. Instead, he recommends extraction and placement of a transitional acrylic flipper in anticipation of a full upper denture. Treating dentist is recommending Outpatient tooth #8 surgical placement of implant, endosteal implant. However in the records provided there are insufficient documentation on why implants would be a better option than the treatment plan recommended on evaluation date 08/24/15 by periodontist [REDACTED]. Absent further detailed documentation and clear rationale, the medical necessity for this implant 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.

**Outpatient tooth #9 surgical placement of implant, endosteal implant: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation web based ACOEM.

**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 and one call care report dated 08/24/15 of Periodontist [REDACTED] states that teeth #'s 8, 9, and 10 have fracture lines on the facial surface. Seven teeth are already missing in the upper arch. The patient has class III periodontal, fair oral hygiene and is a smoker. Dentist states that all of these conditions are significant risk factors against successful implant placement. He feels that it has very guarded prognosis and placing two implants will not restore occlusal function to the upper arch, even if the implants succeed. Instead, he recommends extraction and placement of a transitional acrylic flipper in anticipation of a full upper denture. Treating dentist is recommending Outpatient tooth #9 surgical

placement of implant, endosteal implant. However in the records provided there are insufficient documentation on why implants would be a better option than the treatment plan recommended on evaluation date 08/24/15 by periodontist [REDACTED]. Absent further detailed documentation and clear rationale, the medical necessity for this implant 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.

**Guided tissue regeneration - resorbable barrier per site #2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation web based ACOEM.

**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 and one call care report dated 08/24/15 of Periodontist [REDACTED] states that teeth #'s 8, 9, 10 have fracture lines on the facial surface. Seven teeth are already missing in the upper arch. The patient has class III periodontal, fair oral hygiene and is a smoker. Dentist states that all of these conditions are significant risk factors against successful implant placement. He feels that it has very guarded prognosis and placing two implants will not restore occlusal function to the upper arch, even if the implants succeed. Instead, he recommends extraction and placement of a transitional acrylic flipper in anticipation of a full upper denture. Treating dentist is recommending Guided tissue regeneration - resorbable barrier per site #2. However in the records provided there are insufficient documentation on why implants and guided tissue regeneration would be better options than the treatment plan recommended on evaluation date 08/24/15 by periodontist [REDACTED]. Absent further detailed documentation and clear rationale, the medical necessity for this implant 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.