MAXIMUS Federal Services

Case Number:	CM15-0206658		
Date Assigned:	10/23/2015	Date of Injury:	05/02/2002
Decision Date:	12/09/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	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 61-year-old female, with a reported date of injury of 05-02-2002. The diagnoses include fractured crown, clenching and bracing of the facial musculature, and dental trauma. The medical report dated 09-30-2015 indicates that on 03-10-2015, the injured worker reported that the para-functional day and night grinding of her teeth fractured the porcelain bridge on the anterior segment of her mouth. It was noted that the injured worker had been experiencing pain to her jaw and teeth. The treating physician stated that the injured worker will need to be treated every 3 months for periodontal maintenance (implant cleanings) appointments to avoid any periodontal disease or peri-implantitis. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have not been indicated. The request for authorization was dated 09-30-2015. The treating physician requested implanted supported crown number seven (#7), number eight (#8), number nine (#9), number ten (#10), number eleven (#11), number twelve (#12), and number thirteen (#13).On 10-09-2015, Utilization Review (UR) non-certified the request for implanted supported crown number seven (#7), number eight (#8), number nine (#9), number ten (#10), number eleven (#11), number twelve (#12), and number thirteen (#13).

IMR ISSUES, DECISIONS AND RATIONALES

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

Implant supported crown #7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head.

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 this patient due to her bruxism para functional day and night grinding of her teeth, has fractured the porcelain bridge on the anterior segment of her mouth (#9, 8 lingual) and has been experiencing pain to her jaw and teeth. Dentist states that "therefore the patient will need the following additional treatments: Implant supported crown (pontic) #7, 8, 9, 10, 11, 12, 13 and occlusal guard. However, there is insufficient documentation in the records provided to medically justify the need for this multiple implant supported crown request. In addition, this reviewer is not clear on why this proposed treatment plan is more beneficial than other less invasive dental treatment options, which are available. Absent further detailed documentation and clear rationale, the medical necessity for this Implant supported crown 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 is not medically necessary.

Implant supported crown #8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head.

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 this patient due to her bruxism para functional day and night grinding of her teeth, has fractured the porcelain bridge on the anterior segment of her mouth (#9, 8 lingual) and has been experiencing pain to her jaw and teeth. Dentist states that "therefore the patient will need the following additional treatments: Implant supported crown (pontic) #7, 8, 9, 10, 11, 12, 13 and occlusal guard. However, there is insufficient documentation in the records provided to medically justify the need for this multiple implant supported crown request. In addition, this reviewer is not clear on why this proposed treatment plan is more beneficial than other less invasive dental treatment options, which are available. Absent further detailed documentation and clear rationale, the medical necessity for this Implant supported crown 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 is not medically necessary.

Implant supported crown #9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines, Head.

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 this patient due to her bruxism para functional day and night grinding of her teeth, has fractured the porcelain bridge on the anterior segment of her mouth (#9, 8 lingual) and has been experiencing pain to her jaw and teeth. Dentist states that "therefore the patient will need the following additional treatments: Implant supported crown (pontic) #7, 8, 9, 10, 11, 12, 13 and occlusal guard. However, there is insufficient documentation in the records provided to medically justify the need for this multiple implant supported crown request. In addition, this reviewer is not clear on why this proposed treatment plan is more beneficial than other less invasive dental treatment options, which are available. Absent further detailed documentation and clear rationale, the medical necessity for this Implant supported crown 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 is not medically necessary.

Implant supported crown #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Records reviewed indicate that this patient due to her bruxism para functional day and night grinding of her teeth, has fractured the porcelain bridge on the anterior segment of her mouth (#9, 8 lingual) and has been experiencing pain to her jaw and teeth. Dentist states that "therefore the patient will need the following additional treatments: Implant supported crown (pontic) #7, 8, 9, 10, 11, 12, 13 and occlusal guard. However, there is insufficient documentation in the records provided to medically justify the need for this multiple implant supported crown request. In addition, this reviewer is not clear on why this proposed treatment plan is more beneficial than other less invasive dental treatment options, which are available. Absent further detailed documentation and clear rationale, the medical necessity for this Implant supported crown 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 is not medically necessary.

Implant supported crown #11: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head.

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

Decision rationale: Records reviewed indicate that this patient due to her bruxism para functional day and night grinding of her teeth, has fractured the porcelain bridge on the anterior segment of her mouth (#9, 8 lingual) and has been experiencing pain to her jaw and teeth. Dentist states that "therefore the patient will need the following additional treatments: Implant supported crown (pontic) #7, 8, 9, 10, 11, 12, 13 and occlusal guard. However, there is insufficient documentation in the records provided to medically justify the need for this multiple implant supported crown request. In addition, this reviewer is not clear on why this proposed treatment plan is more beneficial than other less invasive dental treatment options, which are available. Absent further detailed documentation and clear rationale, the medical necessity for this Implant supported crown 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 is not medically necessary.

Implant supported crown #12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head.

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

Decision rationale: Records reviewed indicate that this patient due to her bruxism para functional day and night grinding of her teeth, has fractured the porcelain bridge on the anterior segment of her mouth (#9, 8 lingual) and has been experiencing pain to her jaw and teeth. Dentist states that "therefore the patient will need the following additional treatments: Implant supported crown (pontic) #7, 8, 9, 10, 11, 12, 13 and occlusal guard. However, there is insufficient documentation in the records provided to medically justify the need for this multiple implant supported crown request. In addition, this reviewer is not clear on why this proposed treatment plan is more beneficial than other less invasive dental treatment options, which are available. Absent further detailed documentation and clear rationale, the medical necessity for this Implant supported crown 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 is not medically necessary.

Implant supported crown #13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head.

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

Decision rationale: Records reviewed indicate that this patient due to her bruxism para functional day and night grinding of her teeth, has fractured the porcelain bridge on the anterior segment of her mouth (#9, 8 lingual) and has been experiencing pain to her jaw and teeth. Dentist states that "therefore the patient will need the following additional treatments: Implant supported crown (pontic) #7, 8, 9, 10, 11, 12, 13 and occlusal guard. However, there is insufficient documentation in the records provided to medically justify the need for this multiple implant supported crown request. In addition, this reviewer is not clear on why this proposed treatment plan is more beneficial than other less invasive dental treatment options, which are available. Absent further detailed documentation and clear rationale, the medical necessity for this Implant supported crown 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 is not medically necessary.