

<b>Case Number:</b>	CM15-0209913		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	05/21/1997
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 53 year old female who sustained an industrial injury on 5-21-1997. A review of medical records indicates the injured worker is being treated for fibrositis, systemic lupus, and knee osteoarthritis. Medical records dated 9-4-2015 noted left knee pain making climbing stairs difficult and painful. Pain level was constantly 6 out of 10. Physical examination noted both knee had crepitus. Treatment has included injection and medical imaging. MRI of bilateral knee showed significant degenerative changes. Utilization review form dated 9-24-2015 noncertified periodontal maintenance, study models, implant supported removable partial maxillary, custom implant abutments 3 times maxillary, after healing of 4th implant-custom implant abutment maxillary, and after healing of 4th implant-add prosthesis attachment maxillary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Periodontal maintenance:** 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 Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7):943-9.

**Decision rationale:** Records, x-rays, periodontal charts reviewed, and letter dated 10/22/15 from requesting dentist [REDACTED] states that patient developed significant periodontal disease with caused tooth loss and inability to function with her previously successful removable partial denture. He states that patient has responded well to implants and it's his and periodontist opinion that an implant retained prosthesis is her greatest chance of successful retention of her remaining teeth and the prostheses. Patient has undergone implant placement and is now ready for final implant supported partial denture. [REDACTED] is recommending periodontal maintenance. As stated in the reference above, treatment procedures indicated for patients with any periodontal disease should include "removal of supra- and subgingival bacterial plaque/biofilm and calculus by comprehensive, meticulous periodontal scaling and root planning." Since this patient has been diagnosed with significant periodontal disease, this reviewer finds this request for one periodontal maintenance medically necessary to prevent further tooth decay.

**Study models:** 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 Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7):943-9.

**Decision rationale:** Records, x-rays, periodontal charts reviewed, and letter dated 10/22/15 from requesting dentist [REDACTED] states that patient developed significant periodontal disease with caused tooth loss and inability to function with her previously successful removable partial denture. He states that patient has responded well to implants and its his and periodontist opinion that an implant retained prosthesis is her greatest chance of successful retention of her remaining teeth and the prostheses. Patient has undergone implant placement and is now ready for final implant supported partial denture. [REDACTED] is recommending Study models. Per reference mentioned above, "medical and dental history review, clinical examination, and radiographic analysis. Microbiologic, genetic, biochemical, or other diagnostic tests may also be useful, on an individual basis, for assessing the periodontal status of selected individuals or sites." This patient has extensive periodontal disease and implant retained prosthesis is part of her dental treatment plan, therefore this reviewer finds this request for study models medically necessary to better assess and treat this patient's dental condition.

**Implant supported removable partial maxillary:** 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, x-rays, periodontal charts reviewed, and letter dated 10/22/15 from requesting dentist [REDACTED] states that patient developed significant periodontal disease with caused tooth loss and inability to function with her previously successful removable partial denture. He states that patient has responded well to implants and its his and periodontist opinion that an implant retained prosthesis is her greatest chance of successful retention of her remaining teeth and the prostheses. Patient has undergone implant placement and is now ready for final implant supported partial denture. [REDACTED] is recommending Implant supported removable partial maxillary. 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 Implant supported removable partial maxillary medically necessary to properly treat this patient's dental condition.

**Custom implant abutments 3 times maxillary:** 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, x-rays, periodontal charts reviewed, and letter dated 10/22/15 from requesting dentist [REDACTED] states that patient developed significant periodontal disease with caused tooth loss and inability to function with her previously successful removable partial denture. He states that patient has responded well to implants and its his and periodontist opinion that an implant retained prosthesis is her greatest chance of successful retention of her remaining teeth and the prostheses. Patient has undergone implant placement and is now ready for final implant supported partial denture. [REDACTED] is recommending Custom implant abutments 3 times maxillary. 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 Custom implant abutments 3 times maxillary to be medically necessary to properly treat this patient's dental condition.

**After healing of 4th implant- custom implant abutment maxillary:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, x-rays, periodontal charts reviewed, and letter dated 10/22/15 from requesting dentist [REDACTED] states that patient developed significant periodontal disease with caused tooth loss and inability to function with her previously successful removable partial denture. He states that patient has responded well to implants and its his and periodontist opinion that an implant retained prosthesis is her greatest chance of successful retention of her remaining teeth and the prostheses. Patient has undergone implant placement and is now ready for final implant supported partial denture. [REDACTED] is recommending custom implant abutment maxillary after healing of 4th implant. He states patient will likely require an additional custom abutment and a denture repair to add an additional implant attachment. However there is insufficient documentation in the records provided to medically justify the need for this additional custom implant abutment. 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 for this request. This reviewer finds this request not medically necessary at this time.

**After healing of 4th implant-add prosthesis attachment maxillary:** 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, x-rays, periodontal charts reviewed, and letter dated 10/22/15 from requesting dentist [REDACTED] states that patient developed significant periodontal disease with caused tooth loss and inability to function with her previously successful removable partial denture. He states that patient has responded well to implants and its his and periodontist opinion that an implant retained prosthesis is her greatest chance of successful retention of her remaining teeth and the prostheses. Patient has undergone implant placement and is now ready for final implant supported partial denture. [REDACTED] is recommending to add prosthesis attachment maxillary after healing of 4th implant. 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 to add prosthesis attachment maxillary to be medically necessary to properly treat this patient's dental condition.