

Case Number:	CM15-0022409		
Date Assigned:	03/18/2015	Date of Injury:	07/09/2013
Decision Date:	04/16/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/06/2015

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:

This 56-year-old male sustained an industrial injury on 7/9/13, after hitting his mouth and breaking a tooth. The injured worker was diagnosed with tooth avulsion, dental trauma and partial subluxation. The injured worker's teeth were splinted. The injured worker returned for follow up in January 2015. In a letter dated 1/21/15, the dentist noted that the injured worker returned in January 2015 complaining of pain to the original injury site. Computed tomography showed that tooth #23 was fractured. The dentist noted that tooth #23 required extraction and implant with abutment and crown placement. An interim tooth was needed, as the process would take several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Place Implant: Endosteal, Custom Abutment-Incl Placement, Abtmt Supp Porc Fused to Hi-Nob, Bone Graft, Implant Placement, Extraction-Surgical/Erupt Tooth and Cement Implant Crown for Tooth #23: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Dental trauma treatment (facial fractures).

Decision rationale: Records reviewed indicate that this patient has fractured tooth #23. 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. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. The placement of dental implants can have deleterious effects on the growing alveolar process, and it is necessary to delay implant reconstruction until the cessation of skeletal or alveolar growth. In situations where replacement of the tooth is accomplished by dental implants, the dental crown is also included." Therefore, this reviewer finds this request for Surgical Place Implant: Endosteal, Custom Abutment-Incl Placement, Abtmt Supp Porc Fused to Hi-Nob, Bone Graft, Implant Placement, Extraction-Surgical/Erupt Tooth and Cement Implant Crown for Tooth #23 medically necessary to properly repair injury to teeth #23 as a result of the accident.

Radiograph/Surg Implant Index B/R: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Implant Soc. 1995; 5(5):7-11. Radiographic modalities for diagnosis and treatment planning in implant dentistry. Garg AK1, Vicari A.1 Center for Dental Implants, Division of Oral/Maxillofacial Surgery & Dentistry, University of Miami School of Medicine, Florida, USA.

Decision rationale: Records reviewed indicate that this patient will need dental implant. Per reference mentioned above, "Today, the two most often employed and most applicable radiographic studies for implant treatment planning are the panoramic radiograph and tomography." Therefore, this reviewer finds this request for radiograph/surg implant index medically necessary to help localize potential implant site.

Perio Scale and Root Pin-4 + Per Quad for Lower Left, Lower Right, Upper Left and Upper Right: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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. [133 references].

Decision rationale: Records reviewed indicate that this patient has periodontal disease. Per medical reference mentioned above, "Removal of supra- and subgingival bacterial plaque biofilm and calculus by comprehensive, meticulous periodontal scaling and root planning" are part of the treatment plan for periodontal therapy (J Periodontol 2011). Since this patient has been diagnosed with periodontal disease, this IMR reviewer finds this request for root planning and scaling to be medically necessary. This will also give better prognosis for the dental implant.