

<b>Case Number:</b>	CM15-0211398		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	12/09/1996
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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 59 year old female who sustained an industrial injury on 12/09/1996. Medical records indicated the worker was treated for chronic pain, orthopedic, and dental issues. In the provider notes 05-29-2015, the worker has present implants at 2, 4, 5, and 14 to support a fixed hybrid appliance due to atrophic ridge and bone loss. The worker's plan for care included details of reconstruction of the worker's maxillary and mandibular arches. The worker was reported to have atrophic bone in most areas of the maxilla, and prior to any implants, the bony ridge needs reconstruction to provide adequate bone for implant support. The worker had hardware removal and an oroantral fistula closure 09-09-2015. According to provider notes, the worker is on multiple medications and has reflex sympathetic dystrophy which affects her tolerance of multiple surgeries. A request for authorization was submitted for: 1. Sins aug with bone graft/lateral x 2; 2. Temp anchor plate/mesh; 3. Implant abutment/prefabricated x 5; 4. Biological materials/HA bilateral. A utilization review decision 09-26-2015 denied the request in its entirety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sins aug with bone graft/lateral x 2: 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): Initial Approaches to Treatment, General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** Records reviewed, UR report and treating dentist report dated 05/29/15 states that patient has been recommended for removal of deep implants with IV anesthesia as well as a bone replacement socket graft and ridge graft. Patient was noted to have significant atrophy of the maxilla that would compromised any attempt at implantation. Dentist states that in the maxilla, placement of any implants on her present ridge will be fraught with a very high failure rate. Patient also was reported as having implant failing #2 and #4. The patient's plan for care included details of reconstruction of the worker's maxillary and mandibular arches. The worker was reported to have atrophic bone in most areas of the maxilla, and prior to any implants, the bony ridge needs reconstruction to provide adequate bone for implant support. Treating physician is recommending sinus aug with bone graft/lateral x2. However there are insufficient documentation and/or recent imaging to medically justify this request. 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.

**Temp anchor plate/mesh:** 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): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** Records reviewed, UR report and treating dentist report dated 05/29/15 states that patient has been recommended for removal of deep implants with IV anesthesia as well as a bone replacement socket graft and ridge graft. Patient was noted to have significant atrophy of the maxilla that would compromised any attempt at implantation. Dentist states that in the maxilla, placement of any implants on her present ridge will be fraught with a very high failure rate. Patient also was reported as having implant failing #2 and #4. The patient's plan for care included details of reconstruction of the worker's maxillary and mandibular arches. The worker was reported to have atrophic bone in most areas of the maxilla, and prior to any implants, the bony ridge needs reconstruction to provide adequate bone for implant support. Treating physician is recommending Temp anchor plate/mesh. However there are insufficient documentation and/or recent imaging to medically justify this request. 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.

**Implant abutment/prefabricated x 5: 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): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

**Decision rationale:** Records reviewed, UR report and treating dentist report dated 05/29/15 states that patient has been recommended for removal of deep implants with IV anesthesia as well as a bone replacement socket graft and ridge graft. Patient was noted to have significant atrophy of the maxilla that would compromised any attempt at implantation. Dentist states that in the maxilla, placement of any implants on her present ridge will be fraught with a very high failure rate. Patient also was reported as having implant failing #2 and #4. The patient's plan for care included details of reconstruction of the worker's maxillary and mandibular arches. The worker was reported to have atrophic bone in most areas of the maxilla, and prior to any implants, the bony ridge needs reconstruction to provide adequate bone for implant support. Treating physician is recommending Implant abutment/prefabricated x 5. However there are insufficient documentation and/or recent imaging to medically justify this request. 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.

**Biological materials/HA bilateral: 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): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** Records reviewed, UR report and treating dentist report dated 05/29/15 states that patient has been recommended for removal of deep implants with IV anesthesia as well as a bone replacement socket graft and ridge graft. Patient was noted to have significant atrophy of the maxilla that would compromised any attempt at implantation. Dentist states that in the maxilla, placement of any implants on her present ridge will be fraught with a very high

failure rate. Patient also was reported as having implant failing #2 and #4. The patient's plan for care included details of reconstruction of the worker's maxillary and mandibular arches. The worker was reported to have atrophic bone in most areas of the maxilla, and prior to any implants, the bony ridge needs reconstruction to provide adequate bone for implant support. Treating physician is recommending Biological materials/HA bilateral. However there are insufficient documentation and/or recent imaging to medically justify this request. 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.