

Case Number:	CM15-0212776		
Date Assigned:	11/02/2015	Date of Injury:	05/27/1983
Decision Date:	12/18/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/29/2015

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 65 year old male, who sustained an industrial injury on 5-27-1983. The injured worker is undergoing treatment for: pulpal degeneration, broken tooth number 18, temporomandibular joints and masticatory complex with dental problems. On 9-24-15, the provider submitted a treatment plan for extracting tooth number 18 and placing an implant and bone graft as needed. The injured worker is noted to be referred by another physician for the extraction and implant of number 18. Objective findings revealed number 18 coronal structure missing, "type II furcation, class III occlusion, good range of motion, flat occlusal plain". There are no x-ray results discussed. The injured worker reported broken lower left and upper right molars. The treatment and diagnostic testing to date has included: oral examination. Medications have included: omeprazole, hydrochlorizide. Current work status: unclear. The request for authorization is for: membrane number 18. The UR dated 10-5-2015: non-certified the request for membrane number 18.

IMR ISSUES, DECISIONS AND RATIONALES

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

Membrane #18: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ADA evidence based guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Oral Implantol. 2001; 27 (4): 187-93. Extraction site reconstruction for alveolar ridge preservation. Part 1: rationale and materials selection. Bartee BK.

Decision rationale: Records reviewed indicate that patient has broken tooth #18 and dentist treatment plan is for extracting tooth number 18 and placing an implant and bone graft as needed. Dentist is also recommending membrane #18. Per medical reference mentioned above, it was found that the indications for GTR "are to gain new attachment around natural teeth, improve the aesthetics and ridge form in cases of collapsed or deformed ridges and increase the amount of available bone for osseointegrated implants." (Rosenberg, 1992) and that "Regenerative therapy can be utilized to augment edentulous ridges and improve ridge-pontic relationships as well as improve aesthetics in ridge abnormalities. Edentulous ridges augmented by GTR can have increased amount of bone height and width for endosseous implant placement." (Rosenberg, 1992) Since Guided tissue regeneration (GTR) has been found to give successful gain of bony structure for endosseous implant placement, this reviewer finds the request for membrane #18 to be medically necessary for better implant placement.