

<b>Case Number:</b>	CM15-0212964		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	01/05/2000
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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 66 year old male, who sustained an industrial injury on 1-5-2000. A review of the medical records indicates that the injured worker is undergoing treatment for medication side effects precipitating xerostomia-dry mouth syndrome, and clenching of teeth secondary to pain relief medications, missing teeth, retained root tips, rampant caries, angle class III occlusion, aggravated generalized plaque induces gingivitis and chronic moderate to severe periodontist and-or industrial bruxism as well as gross dental caries, traumatic injury to the teeth-face, and myofascial facial pain. On 8-25-2015, the injured worker reported constant dental pain on the right and left sides particularly the lower with pain with eating or drinking cold liquids. The Treating Provider's report dated 8-26-2015, noted the injured worker reported that all the medications he took had dried out his mouth with complaint of pain in the pre-articular areas bilaterally. The provider noted the prognosis of the injured worker's teeth as good for 2, 6, 7, 8, 9, 10, 11, 12, 21, 22, 27, and 28, and hopeless for number 5, 15, 20, 23, 24, 25, and 29, with overall prognosis good to guarded. The injured worker was noted to need an extensive oral hygiene maintenance program to control dental decay and periodontal disease in the future. The treatment plan was noted to include a referral to a periodontist, caries control and restorations, removal of caries, removable partial denture to replace the missing or extracted teeth, radiological guide, placement of root form implants, crown lengthening osseous surgery, restorations and occlusal night guard. The request for authorization dated was noted to have requested unsp fixed prosthodontic procedure (8), crown-resin based composite in (2, 6, 7, 8, 9, 10, 11, 12, 21, 22, 27, 28), surgical placement of impl-endo (30,31), maxillary partial denture-

resin ba (3), and mandibular partial denture (3). The Utilization Review (UR) dated 10-1-2015, certified the requests for unsp fixed prosthodontic procedure (8), crown-resin based composite in (2, 6, 7, 8, 9, 10, 11, 12, 21, 22, 27, 28), and surgical placement of impl-endo (30,31), and non-certified the requests for maxillary partial denture-resin ba (3), and mandibular partial denture (3).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Maxillary partial denture-Resin Ba (3): Overturned**

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

**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 reviewed indicate that patient has been certified for fixed prosthodontic procedure (8), crown-resin based composite in (2, 6, 7, 8, 9, 10, 11, 12, 21, 22, 27, 28), and surgical placement of implants. UR dentist has denied partial dentures based on the fact that patient will have final implant supported restorations. Letter dated 10/05/15 from requesting dentist states that these prostheses are intending as interim appliances to be worn during the post extraction stage, the implant preparation/healing stage and during the fabrication of the final restorations. Dentist states that their purpose is to maintain the vertical dimension of patient's occlusion as well as providing posterior support for the occlusion and it will minimize the occlusal forces on the anterior provisional crowns and provide a stable area so patient can chew during this protracted period of time. Dentist further states that these are resin based shorter term prostheses to both improve the prognosis of the final result and to improve the quality of life for this patient while he undergoes extensive dental rehabilitation. Per reference mentioned above, "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 Maxillary partial denture-Resin to be medically necessary to maintain this patient's chewing ability during the restoration process. Therefore, the requested treatment is medically necessary.

#### **Mandibular partial denture (3): Overturned**

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

**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 reviewed indicate that patient has been certified for fixed prosthodontic procedure (8), crown-resin based composite in (2, 6, 7, 8, 9, 10, 11, 12, 21, 22, 27, 28), and surgical placement of implants. UR dentist has denied partial dentures based on the fact that patient will have final implant supported restorations. Letter dated 10/05/15 from requesting dentist states that these prostheses are intending as interim appliances to be worn during the post extraction stage, the implant preparation/healing stage and during the fabrication of the final restorations. Dentist states that their purpose is to maintain the vertical dimension of patient's occlusion as well as providing posterior support for the occlusion and it will minimize the occlusal forces on the anterior provisional crowns and provide a stable area so patient can chew during this protracted period of time. Dentist further states that these are resin based shorter term prostheses to both improve the prognosis of the final result and to improve the quality of life for this patient while he undergoes extensive dental rehabilitation. Per reference mentioned above, "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 mandibular partial denture to be medically necessary to maintain this patient's chewing ability during the restoration process as well as improve his prognosis.