

Case Number:	CM15-0219234		
Date Assigned:	11/12/2015	Date of Injury:	12/17/1996
Decision Date:	12/24/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/06/2015

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:

The injured worker is a 69 year old female, who sustained an industrial injury on 12-17-96. The injured worker was diagnosed as having temporomandibular joint disorder, dental decay, and bruxism. Treatment to date has included multiple tooth extractions and multiple mandibular implants. The injured worker had implant maintenance on 3-19-15, 5-21-15, and 7-23-15. The reports noted heavy plaque buildup on the lower anterior teeth. The injured worker complained of difficulty flossing with dental implants. On 9-24-15 the treating physician requested authorization for implant maintenance 2 months for 24 months. On 10-7-15 the request was modified to certify implant maintenance x3 every 2 months for a period of 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Implant maintenance 2 months for 24 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Periodontology Guideline for Periodontal Therapy.

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 patient was diagnosed as having temporomandibular joint disorder, dental decay, and bruxism. Treatment to date has included multiple tooth extractions and multiple mandibular implants. The injured worker had implant maintenance on 3-19-15, 5-21-15, and 7-23-15. The reports noted heavy plaque buildup on the lower anterior teeth. Dentist is recommending Implant maintenance 2 months for 24 months. However in the records provided there is insufficient documentation to medically justify this request for 24 months without a periodic dental re-evaluation. Per reference mentioned above, "periodontal evaluation and risk factors should be identified at least on an annual basis". Therefore based on the records reviewed, along with the findings and reference mentioned above, this reviewer finds this request for Implant maintenance 2 months for 24 months to be not medically necessary.