

Case Number:	CM15-0052523		
Date Assigned:	03/26/2015	Date of Injury:	11/07/2001
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/19/2015

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 60 year old female, who sustained an industrial injury on 11/7/01. She has reported that a client fell on her after she was helping her from a wheelchair into a car. The diagnoses have included complete edentulism, xerostomia and disturbance of salivary secretion. Treatment to date has included multiple dental procedures and diagnostics. Currently, as per the physician progress note dated 3/6/15, the injured worker complains of inability to wear her full upper and lower dentures and inability to chew food efficiently. She also complains of dry mouth and discomfort during the day due to dentures rubbing on her gums. Physical exam revealed fully edentulous mandible and maxilla. The full upper and lower dentures are not stable upon digital pressure. There were multiple small areas of ulceration of the oral mucosa where dental phlange meets the mucosa. The physician requested treatments included Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis (every 6 months going forward), Panoramic X-rays, 2 diagnostic casts and models, Adjust complete denture-maxillary, Adjust complete denture-mandibular, Repair implant supported prosthesis, and unspecified implant procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis (every 6 months going forward): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association (ADA), Clinical Practice Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3, Chronic Pain Treatment Guidelines Page(s): 3.

Decision rationale: Records reviewed indicate that this patient is unable to wear her full upper and lower dentures and unable to chew food efficiently. She also complains of dry mouth and discomfort during the day due to dentures rubbing on her gums. Physical exam revealed fully edentulous mandible and maxilla. The full upper and lower dentures are not stable upon digital pressure. There were multiple small areas of ulceration of the oral mucosa where dental phlange meets the mucosa. Even though this patient may need this prosthesis maintenance, but an indefinite request for every 6 months is not medically necessary. First, there must be a dental re-evaluation performed to determine any ongoing needs. 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." Therefore this reviewer finds this request not medically necessary at this time.

Panoramic X-rays: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association (ADA), Clinical Practice Guidelines.

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.

Decision rationale: Records reviewed indicate that this patient is unable to wear her full upper and lower dentures and unable to chew food efficiently. She also complains of dry mouth and discomfort during the day due to dentures rubbing on her gums. Physical exam revealed fully edentulous mandible and maxilla. The full upper and lower dentures are not stable upon digital pressure. There were multiple small areas of ulceration of the oral mucosa where dental phlange meets the mucosa. Per medical reference mentioned above, "the two most often employed and most applicable radiographic studies for implant treatment planning are the panoramic radiograph and tomography." Therefore, this IMR reviewer finds this dental request for panoramic X-rays to be medically necessary to better evaluate and diagnose this patient's dental condition

2 diagnostic casts and models: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association (ADA), Clinical Practice 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 is unable to wear her full upper and lower dentures and unable to chew food efficiently. She also complains of dry mouth and discomfort during the day due to dentures rubbing on her gums. Therefore, this reviewer finds this request for 2 diagnostic casts and models medically necessary to properly evaluate this patient's Dental condition. Per medical reference mentioned above. "Microbiologic, genetic, biochemical, or other diagnostic tests may also be useful, on an individual basis." (J Periodontol 2011)

Adjust complete denture-maxillary: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association (ADA), Clinical Practice Guidelines.

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 is unable to wear her full upper and lower dentures and unable to chew food efficiently. She also complains of dry mouth and discomfort during the day due to dentures rubbing on her gums. Physical exam revealed fully edentulous mandible and maxilla. The full upper and lower dentures are not stable upon digital pressure. There were multiple small areas of ulceration of the oral mucosa where dental phlange meets the mucosa. 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." Adjusting the denture-maxillary will alleviate patient's sore spots and ulcerations in her mouth. Therefore, this reviewer finds this request to be medically necessary.

Adjust complete denture-mandibular: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association (ADA), Clinical Practice Guidelines.

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 is unable to wear her full upper and lower dentures and unable to chew food efficiently. She also complains of dry mouth and discomfort during the day due to dentures rubbing on her gums. Physical exam revealed fully edentulous mandible and maxilla. The full upper and lower dentures are not stable upon digital pressure. There were multiple small areas of ulceration of the oral mucosa where dental phlange meets the mucosa. 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." Adjusting the denture-mandibular will alleviate patient's sore spots and ulcerations in her mouth. Therefore this reviewer finds this request to be medically necessary.

Repair implant supported prosthesis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association (ADA), Clinical Practice Guidelines.

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 is unable to wear her full upper and lower dentures and unable to chew food efficiently. She also complains of dry mouth and discomfort during the day due to dentures rubbing on her gums. Physical exam revealed fully edentulous mandible and maxilla. The full upper and lower dentures are not stable upon digital pressure. There were multiple small areas of ulceration of the oral mucosa where dental phlange meets the mucosa. 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." Repairing the implant-supported prosthesis will alleviate patient's sore spots and ulcerations in her mouth. Therefore, this reviewer finds this request to be medically necessary.

Unspecified implant procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association (ADA), Clinical Practice Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3, Chronic Pain Treatment Guidelines.

Decision rationale: This request is for a non-specific implant procedure. This reviewer is not clear on what the actual requested treatment is and for which tooth number. 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 in this case. This IMR reviewer recommends this request as not medically necessary.