

Case Number:	CM14-0123379		
Date Assigned:	09/03/2014	Date of Injury:	08/13/2009
Decision Date:	10/14/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Otolaryngology and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 30 year old who had a work related injury on 08/13/09. An AME reevaluation dated 01/13/14 indicates the injured worker was initially evaluated on 01/03/12 and was diagnosed with status post surgical reconstruction of multiple facial fractures, secondary to trauma on 08/13/09. Loss of multiple maxillary anterior teeth, status post endodontic teeth #6, #8, and #11 and residual right sided facial neuralgia. Examination reveals that the accident related dental reconstruction has been completed for the injured worker. Traumatized teeth #6 and #11 have been restored with root canal therapy and porcelain crowns. 4 endosseous dental implants have been surgically placed to replace lost teeth #7, #8, #9, and #10. The implants have been well-restored with good quality custom abutments and implant crowns. The provider notes that all damaged teeth have been restored to good form and function by means of root canal therapy, surgical placement of dental implants, and placement of restorative crowns on all the implants of traumatized natural teeth. The office note dated 01/21/14 indicates that the injured worker lost a porcelain crown with tooth #6 one week ago when the injured worker chewed on the crown unknowingly and it broke into many pieces. He has no pain. Examination revealed slight click and popping of the temporal mandibular joint with slight pain. The injured worker has light pain to palpation of the right lateral pterygoid and medial pterygoid muscles. Lost porcelain crown of tooth #6 due to fracture. Office note dated 04/02/14 notes that the injured worker presented with no complaints. Examination revealed slight clicking and popping of the right temporal mandibular joint with slight pain of the joint. The injured worker has slight pain to palpation of the right lateral pterygoid and medial pterygoid muscles. There is a lost porcelain crown of tooth #6 due to fracture. Slight inflammation is noted around dental implants #7, #8, #9, and #10. Treatment provided included prophylaxis, cementation of the PFM crown of tooth #6, and adjustment of the oral orthotic appliance. Office note dated 06/17/14 he continues to

have problems with tooth #6. His treatment included buildup and crown on tooth #6 and following cementation of the crown the tooth was intact. Examination on 01/29/14 revealed a material failure, and that the buildup performed on that date had broken and dislodged and the crown was missing. The injured worker has a chronic clenching habit, and tooth #6 had reasonably sustained significant trauma requiring multiple surgeries on the anterior dentation, with loss of teeth #6 - #10 and placement of implants and extensive bone graft surgeries to restore the lost alveolar bone in that area. Prior utilization review on 02/21/14 was recommended certification for tooth #6 buildup, provisional crown tooth #6, and PFM crown tooth #6. Certification for prophylaxis, partial certification for intraoral periapical 1st radiograph of tooth #6 x 1, and partial certification for orthotic appliance adjustment x 1. Prior utilization review on 06/30/14 non-certification for tooth #6 buildup, non-certification for tooth #6 provisional crowns, non-certification for tooth #6 PFM crown, partial certification for prophylaxis adult x 2. Partial certification for implant maintenance procedures x 2. Non-certification for the bite wing radiographs. Intraoral periapical 1st radiograph, intraoral periapical each additional radiograph, oral hygiene instruction, Peridex oral rinse, and orthotic appliance adjustment. The current request is for tooth #6 buildup. Tooth #6 provisional crowns. Tooth #6 PFM crown. Prophylaxis adult x 2. Implant maintenance procedures x 2. Bite wing radiographs. Intraoral periapical 1st radiograph. Intraoral periapical each additional radiograph. Oral hygiene instructions, Peridex oral rinse. An orthotic appliance adjustment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tooth #6 build up: 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 Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Bjarni E. Pjetursson, Urs Bragger, Et Al. Comparison Of Survival And Complication Rates Of Tooth Supported Fdps And Implant-Supported Fdps And Single Crowns. Clin. Oral Impl.Res 18 (Suppl.3), 2007;97-113.

Decision rationale: The request for Tooth #6 build up is medically necessary. All soft and boney tissues of the periodontal supporting tissues need to be reconstructed as well as the clinical crown, and pulp. Root canals, grafting, implants and crown and bridge reconstruction may be required. As such, medical necessity has been established.

Tooth #6 provisional crown: 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 Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Bjarni E. Pjetursson, Urs Bragger, Et Al. Comparison Of Survival And Complication Rates Of Tooth Supported Fdps And Implant-Supported Fdps And Single Crowns. Clin. Oral Impl.Res 18 (Suppl.3), 2007; 97-113.

Decision rationale: The request for Tooth #6 provisional crown is medically necessary. All soft and boney tissues of the periodontal supporting tissues need to be reconstructed as well as the clinical crown, and pulp. Root canals, grafting, implants and crown and bridge reconstruction may be required. As such, medical necessity has been established.

Tooth #6 PFM crown: 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 Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Bjarni E. Pjetursson, Urs Bragger, Et Al. Comparison Of Survival And Complication Rates Of Tooth Supported Fdps And Implant-Supported Fdps And Single Crowns. Clin. Oral Impl.Res 18 (Suppl.3), 2007;97-113.

Decision rationale: The request for Tooth #6 PFM crown is medically necessary. All soft and boney tissues of the periodontal supporting tissues need to be reconstructed as well as the clinical crown, and pulp. Root canals, grafting, implants and crown and bridge reconstruction may be required. As such, medical necessity has been established.

Prophylaxis - adult x 2: 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 Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Bjarni E. Pjetursson, Urs Bragger, Et Al. Comparison Of Survival And Complication Rates Of Tooth Supported Fdps And Implant-Supported Fdps And Single Crowns. Clin. Oral Impl.Res 18 (Suppl.3), 2007;97-113.

Decision rationale: The request for Prophylaxis - adult x 2 is medically necessary. All soft and boney tissues of the periodontal supporting tissues need to be reconstructed as well as the clinical crown, and pulp. Root canals, grafting, implants and crown and bridge reconstruction may be required. As such, medical necessity has been established.

Implant maintenance procedures x 2: 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 Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Bjarni E. Pjetursson, Urs Bragger, Et Al. Comparison Of Survival And Complication Rates Of Tooth Supported Fdps And Implant-Supported Fdps And Single Crowns. Clin. Oral Impl.Res 18 (Suppl.3), 2007;97-113

Decision rationale: The request for implant maintenance procedures x 2 is medically necessary. All soft and boney tissues of the periodontal supporting tissues need to be reconstructed as well as the clinical crown, and pulp. Root canals, grafting, implants and crown and bridge reconstruction may be required. As such, medical necessity has been established.

Bitewing radiographs: 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 Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Dental radiography March 2013

Decision rationale: The request for Bitewing radiographs is medically necessary. With procedures such as implants, crown build-ups, x-ray is an integral part in those procedures, to monitor the progress, or problems should they arise. As such, medical necessity has been established.

Intraoral periapical first radiograph: 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 Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Dental radiography March 2013

Decision rationale: The request for intraoral periapical first radiograph is medically necessary. With procedures such as implants, crown build-ups, x-ray is an integral part in those procedures, to monitor the progress, or problems should they arise. As such, medical necessity has been established.

Intraoral periapical (each additional radiograph): 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 Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Dental radiography March 2013

Decision rationale: The request for Intraoral periapical (each additional radiograph) is medically necessary. With procedures such as implants, crown build-ups, x-ray is an integral part in those procedures, to monitor the progress, or problems should they arise. As such, medical necessity has been established.

Oral hygiene instruction: 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 Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Bjarni E. Pjetursson, Urs Bragger, Et Al. Comparison Of Survival And Complication Rates Of Tooth Supported Fdps And Implant-Supported Fdps And Single Crowns. Clin. Oral Impl.Res 18 (Suppl.3), 2007;97-113

Decision rationale: The request for oral hygiene instruction is medically necessary. All soft and boney tissues of the periodontal supporting tissues need to be reconstructed as well as the clinical crown, and pulp. Root canals, grafting, implants and crown and bridge reconstruction may be required. As such, medical necessity has been established.

Peridex oral rinse: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.rxlist.com/peridex-drug/indications-dosage.htm>

Decision rationale: The request for Peridex oral rinse is not medically necessary. The clinical information submitted for review does not support the request. Peridex is indicated for use between dental visits as part of a professional program for the treatment of gingivitis as characterized by redness and swelling of the gingivae, including gingival bleeding upon probing.

There is no clinical evidence indicating that the patient has gingivitis. Therefore, medical necessity has not been established.

Orthotic appliance adjustment: 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 Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Bjarni E. Pjetursson, Urs Bragger, Et Al. Comparison Of Survival And Complication Rates Of Tooth Supported Fdps And Implant-Supported Fdps And Single Crowns. Clin. Oral Impl.Res 18 (Suppl.3), 2007;97-113.

Decision rationale: The request for adjustments is medically necessary. All soft and boney tissues of the periodontal supporting tissues need to be reconstructed as well as the clinical crown, and pulp. Root canals, grafting, implants and crown and bridge reconstruction may be required. As such, medical necessity has been established.