

<b>Case Number:</b>	CM14-0125594		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	10/12/2004
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Dentistry and is licensed to practice in California. 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:

Records are reviewed indicate that this is a 61-year-old male and while performing his job as a framer on October 12, 2004 he was in the process of raising 100 foot pre-fabricated wooden wall that wait approximately 2 tons with other employees. Apparently this wall fell on top of patient crushing him with particular injuries to his left which was broken and numerous other injuries to his hands and back. Patient also related having internal injuries as a result of this injury he also related that he chipped or broke some teeth on the upper left side. Report of [REDACTED] dated 07/17/13 states Impression: 1. Painful complex left total knee arthroplasty 2. Moderate to severe DJD right knee 3. Femoral acetabular impingement bilateral hips 4. Severe on the job injury with compartment syndrome, left leg femoral artery damage 5. Depression 6. Nerve pain 7. Hypercholesterolemia Records of [REDACTED] DDS AME dated January 29, 2009 states under impression: One. Left TMJ instability Two. Bilateral TMJ synovitis, left greater than right Three. Bilateral myofascial pain of the masticatory and cervical muscle Four. Dry mouth xerostomia secondary to medications Five. Dental carries secondary to dry mouth Under future medical care AME dentist states: "I would recommend dental treatment for his missing teeth with implants on teeth #7, 8, 9, 10, 14, 19 and 31. Crowns will then need to be placed on those implants...teeth #12 and 18 will need to be replaced on a nonindustrial basis. The missing lower teeth will be replaced with a cast lower partial denture that will rest on his remaining lower teeth as well as the two new lower implants on #19 and 31. I also recommend restorative repair of dental carries on teeth #4, 6, 11, 15, and 27 as well as periodic six-month prophylaxis and fluoride treatment to prevent dental decay due to his dry mouth. "There are no reports from the requesting dentist [REDACTED], only his dental claim form summarizing all the dental procedures with costs dated 07/11/14 with an unreadable x-ray picture. Report of [REDACTED] dated October 1, 2013 states: "we were contacted by [REDACTED] to see and treat this patient as far back as 2011 and we have

tried to get the necessary treatment authorized with absolutely no response even though we have sent whatever you had requested in the past...there is extensive decay and significant bone loss due to the many drugs the patient has been on for a prolonged period of time which was necessary due to the original trauma. Such medications cause dry mouth which in turn causes problems to existing dentition over years of taking such medications. Patient is badly infected and per patient he is having pain which could have otherwise been avoided if we could have treated the patient sometime ago. UR dentist report dated 07/31/14 states: " [REDACTED] (DDS) most recent request did not include a recent progress report; however, several documents have been submitted, including a letter from [REDACTED] dated 10/01/2013 and a QME report from [REDACTED] dated 02/25/09, that have suggested patient's dental issues have been secondary to xerostomia associated with long term medication use. [REDACTED] medical legal report dated 06/02/2006 indicated the patient may require ongoing care for teeth 12 and 13 from industrial trauma and a one-time industrial related repair to tooth 19. [REDACTED] also indicated the patient had no signs of periodontitis or decalcification secondary to xerostomia at that time and indicated oral habits such as brushing and flossing with over the counter fluorides would be adequate to prevent any dental problems secondary to xerostomia, At that time the patient was diagnosed with intermittent xerostomia...The request for extraction is not considered to be medically necessary at this time. Submitted documentation has reported the need for dental work associated with xerostomia secondary to the patient's ongoing medication use; however, there is no current clinical evidence to confirm that there is significant damage to the aforementioned teeth requiring extraction and further dental work. [REDACTED] 06/02/2006 qualified medical examination Indicated teeth 12, 13 and 19 were in need of subsequent treatment to industrial related injuries and that there were no signs of Infection or decalcification at that time. [REDACTED] report also indicated that with oral habits such as brushing and flossing would be adequate to prevent any dental problems secondary to xerostomia. Thus, extractions of 12 teeth would not be supported at this time. The request for 1 Extractions - #5, 6, 11, 13, 20, 21, 22, 23, 24, 25, 26, and 27 is non-certified".

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

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

#### **1 Extractions-#5,6,11,13,20,21,22,23,24,25,26,27: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Pediatric Dentistry (AAPD). Guideline on use of nitrous oxide for pediatric dental patients. Chicago (IL): American Academy of Pediatric Dentistry (AAPD); 2009. 4p. [21 references] HealthPartners Dental Group and Clinics treatment planning guidelines. Minneapolis (MN): HealthPartners; 2009 Mar 23 10 p [21 references]

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Head(updated 06/04/13)

**Decision rationale:** There are no reports from the requesting dentist [REDACTED], only his dental claim form summarizing all the dental procedures and costs, dated 07/11/14 with an unreadable x-ray picture. Per AME's findings, it seems this patient does need a lot of dental treatment, which this IMR reviewer agrees, but unfortunately [REDACTED] proposed treatment plan does not coincide with the Dental AME's ([REDACTED]) treatment plan. Therefore without [REDACTED] recent dental report documenting the medical necessity of his different proposed

treatment plan of extracting 12 teeth. The request is not medically necessary. There is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. This IMR reviewer recommends non-certification at this time. This IMR reviewer will reconsider the dental extractions once complete Dental/Oral examination findings of the requesting dentist [REDACTED] and other records are available for review.

### **3 Periodontal Maintenance: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics caries guideline, Minneapolis (MN): HealthPartners Dental Group; 2013 Dec.69p. (374 references)

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Head(updated 06/04/13)

**Decision rationale:** Per objective findings of AME Dentist [REDACTED] and treating dentist [REDACTED], (including extensive decay and bone loss), and the medical references mentioned above, this IMR reviewer finds this dental request of 3 periodontal maintenance to be medically necessary.

### **Mandibular Partial-#20-27: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Head(updated 06/04/13)

**Decision rationale:** There are no reports from the requesting dentist [REDACTED], only his dental claim form summarizing all the dental procedures and costs, dated 07/11/14 with an unreadable x-ray picture. Per AME's findings, it seems this patient does need a lot of dental treatment, which this IMR reviewer agrees, but unfortunately [REDACTED] proposed treatment plan does not coincide with the Dental AME's ([REDACTED]) treatment plan. Therefore without [REDACTED] recent dental report documenting the medical necessity of his different proposed treatment plan of extracting of 12 teeth. The request is not medically necessary There is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. This IMR reviewer recommends non-certification at this time. This IMR reviewer will reconsider this dental request once complete Dental/Oral examination findings of the requesting dentist [REDACTED] and other records are available for review.

### **Maxillary Partial-Flex base: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Head(updated 06/04/13)

**Decision rationale:** There are no reports from the requesting dentist [REDACTED], only his dental claim form summarizing all the dental procedures and costs, dated 07/11/14 with an unreadable x-ray picture. Per AME's findings, it seems this patient does need a lot of dental treatment, which this IMR reviewer agrees, but unfortunately [REDACTED] proposed treatment plan does not coincide with the Dental AME's ([REDACTED]) treatment plan. Therefore without [REDACTED] recent dental report documenting the medical necessity of his different proposed treatment plan of extracting 12 teeth. The request is not medically necessary. There is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. This IMR reviewer recommends non-certification at this time. This IMR reviewer will reconsider this dental request once complete Dental/Oral examination findings of the requesting dentist [REDACTED] and other records are available for review.

**4 N20 Analgesia:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Pediatric Dentistry (AAPD). Guideline on use of nitrous oxide for pediatric dental patients. Chicago (IL): American Academy of Pediatric Dentistry (AAPD); 2009 4p (21 references)

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Head(updated 06/04/13)

**Decision rationale:** There are no reports from the requesting dentist [REDACTED], only his dental claim form summarizing all the dental procedures and costs, dated 07/11/14 with an unreadable x-ray picture. Per AME's findings, it seems this patient does need a lot of dental treatment, which this IMR reviewer agrees, but unfortunately [REDACTED] proposed treatment plan does not coincide with the Dental AME's ([REDACTED]) treatment plan. Therefore without [REDACTED] recent dental report documenting the medical necessity of his different proposed treatment plan of extracting 12 teeth. The request is not medically necessary. There is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. This IMR reviewer recommends non-certification at this time. This IMR reviewer will reconsider this dental request once complete Dental/Oral examination findings of the requesting dentist [REDACTED] and other records are available for review.

**Surgical Place Implant: #5,6,11,13,20,21,22,26,27:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Pediatric Dentistry (AAPD). Guideline on use of nitrous oxide for pediatric dental patients. Chicago (IL): American Academy of Pediatric Dentistry (AAPD); 2009. 4p. [21 references]HealthPartners Dental Group and Clinics treatment planning guidelines.Minneapolis (MN): HealthPartners; 2009 Mar 23 10 p [21references]

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Head(updated 06/04/13)

**Decision rationale:** There are no reports from the requesting dentist [REDACTED], only his dental claim form summarizing all the dental procedures and costs, dated 07/11/14 with an unreadable x-ray picture. Per AME's findings, it seems this patient does need a lot of dental treatment, which this IMR reviewer agrees, but unfortunately [REDACTED] proposed treatment plan does not coincide with the Dental AME's ([REDACTED]) treatment plan. Therefore without [REDACTED] recent dental report documenting the medical necessity of his different proposed treatment plan. The request is not medically necessary. There is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. This IMR reviewer recommends non-certification at this time. This IMR reviewer will reconsider this dental request once complete Dental/Oral examination findings of the requesting dentist [REDACTED] and other records are available for review.

**Retainer- #5,15,20,27:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Head(updated 06/04/13)

**Decision rationale:** There are no reports from the requesting dentist [REDACTED], only his dental claim form summarizing all the dental procedures and costs, dated 07/11/14 with an unreadable x-ray picture. Per AME's findings, it seems this patient does need a lot of dental treatment, which this IMR reviewer agrees, but unfortunately [REDACTED] proposed treatment plan does not coincide with the Dental AME's ([REDACTED]) treatment plan. Therefore without [REDACTED] recent dental report documenting the medical necessity of his different proposed treatment plan. There is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. This IMR reviewer recommends non-certification at this time. This IMR reviewer will reconsider this dental request once complete Dental/Oral examination findings of the requesting dentist [REDACTED] and other records are available for review.

**Pontic-Porcelain fused to knob: #6,7,8,9,10,11,12,13,14,21,22,23,24,26:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Pediatric Dentistry (AAPD). Guideline on use of nitrous oxide for pediatric dental patients. Chicago (IL): American Academy of Pediatric Dentistry (AAPD); 2009. 4p. [21 references]HealthPartners Dental Group and Clinics treatment planning guidelines.Minneapolis (MN): HealthPartners; 2009 Mar 23 10 p [21references]

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Head(updated 06/04/13)

**Decision rationale:** There are no reports from the requesting dentist [REDACTED], only his dental claim form summarizing all the dental procedures and costs, dated 07/11/14 with an unreadable x-ray picture. Per AME's findings, it seems this patient does need a lot of dental treatment, which this IMR reviewer agrees, but unfortunately [REDACTED] proposed treatment plan does not coincide with the Dental AME's [REDACTED] treatment plan. Therefore without [REDACTED] recent dental report documenting the medical necessity of his different proposed treatment plan. The request is not medically necessary. There is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. This IMR reviewer recommends non-certification at this time. This IMR reviewer will reconsider this dental request once complete Dental/Oral examination findings of the requesting dentist [REDACTED] and other records are available for review.

[REDACTED]

[REDACTED]