

Case Number:	CM14-0025674		
Date Assigned:	06/13/2014	Date of Injury:	07/27/2011
Decision Date:	09/08/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	02/28/2014

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 licensed 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 reviewed indicate that this is a 78-year-old individual who sustained an injury to the head, neck, teeth, and right wrist on 07/27/11 when the patient tripped and fell over a tricycle. A computed tomography (CT) scan of the maxilla revealed a mesiodistal fracture of tooth #2 and pneumatization of the bilateral maxillary sinus. The Agreed Medical Evaluation (AME) dated 07/07/13 by [REDACTED] states: Tooth #2 is fractured as a result of a pre-existing condition being exasperated by trauma of work-related injury. With reasonable medical and dental certainty; the treatment for tooth #2 is to be deemed on an industrial-basis due to the injuries sustained on 7/27/11. The treatment recommendation for [REDACTED] is the surgical extraction of tooth #2, the surgical placement of an osseous bone preservation graft for tooth #2 and the surgical placement of a dental-implant with an implant-retained crown placement for tooth # 2. The treating dentist [REDACTED] has confirmed and diagnosed the fractured tooth and is requesting surgical extraction tooth #2; bone replacement; sinus augmentation; surgical placement of implant; prefabricated abutment; and abutment supported crown.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGICAL EXTRACTION OF TOOTH #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 (ODG), 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), Dental Trauma Treatment.

Decision rationale: Dental implants, 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. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. Rather than resting on the gum line like removable dentures, or using adjacent teeth as anchors like fixed bridges, dental implants are long-term replacements. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. The placement of dental implants can have deleterious effects on the growing alveolar process, and it is necessary to delay implant reconstruction until the cessation of skeletal or alveolar growth. In situations where replacement of the tooth is accomplished by dental implants, the dental crown is also included. Based on the dental AME, as well as the Qualified Medical Evaluation (QME) findings and diagnosis of fractured tooth #2, treatment is recommended on an industrial basis and is deemed medically necessary.

BONE REPLACEMENT: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Dental Trauma Treatment.

Decision rationale: Since the primary procedure is medically necessary, all of the associated services are medically necessary.

SINUS AUGMENTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Since the primary procedure is medically necessary, all of the associated services are medically necessary.

SURGICAL PLACEMENT OF IMPLANT: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Since the primary procedure is medically necessary, all of the associated services are medically necessary.

PREFABRICATED ABUTMENT: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Since the primary procedure is medically necessary, all of the associated services are medically necessary.

ABUTMENT SUPPORTED CROWN: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Since the primary procedure is medically necessary, all of the associated services are medically necessary.