

Case Number:	CM13-0033021		
Date Assigned:	12/06/2013	Date of Injury:	11/04/2009
Decision Date:	01/16/2015	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/08/2013

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 a licensed Dentist 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 36 year old female with a date of injury on 04/21/2011. Requesting dentist report is not available for review. UR report dated 09/18/2013 states: "According to Clinical note report dated 8/7/2013 by (unsigned), the patient complained of injury to the left jaw and denture with canine/premolar (C/P) lower teeth periodontally involved-probably hopeless. The patient reported clicking symptoms to both temporal mandibular joint (TMJ). Patient felt that denture was too big. Patient also reported neck pain. On physical exam, there was mild tenderness along superficial masseter and temporalis insertion. According to office visit report dated 9/11/2013 by [REDACTED], the patient denied any medical or smoking history. According to Office visit report dated 8/7/2013 by [REDACTED], the patient had Qualified Medical Evaluation (QME) undated by [REDACTED] who noted that patient was on permanent and stationary per "DDS" with 100 percent apportionment to the industrial injury for upper and lower teeth. The QME provider recommended referral to a dental prosthodontics specialist for evaluation, treatment plan and coordination of oral maxillofacial surgical requirements of extractions and implants with follow-up cleanings. Patient had smoking history for 15 years but stopped 10 years ago. According to Office visit report dated 7/19/2013 by [REDACTED], the patient's body mass index (BMI) was 26.7 while the height was 64 inches and weight was 156 pounds. The patient was diagnosed with cracked tooth; loss of teeth due to trauma, extraction, or periodontal disease. This request is for the medical necessity of full mouth x-rays." "Computed tomography is an ideal means of evaluating a patient's dental needs. The current packages of hardware (cone beam Tomography) can show teeth, alveolar bone, sinus cavities, nasal bones and the entire skull. It is now possible to run one scan that will generate a panoramic x-ray view of the mandible and maxilla (checking for carries, fractures and periapical pathology of teeth). The same scan also shows the TMJ. It can also be used to determine where

implants can be best used. The American Dental Association has recently approved the code D0366 for this service. We note the following Cone Beam scans effectively scan the oral structures with a significant reduction in radiation relative to conventional CT scans. Since there are multiple problems here, that could foreseeably require multiple x-ray procedures, one scan could be the path best chosen. "

IMR ISSUES, DECISIONS AND RATIONALES

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

Full Mouth X-rays: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.guideline.gov/content.aspx?id=35130>, HealthPartners Dental Group and Clinics guidelines for the diagnosis & treatment of periodontal diseases

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] Implant Soc. 1995;5(5):7-11. Radiographic modalities for diagnosis and treatment planning in implant dentistry. Garg AK 1, Vicari A. 1Center for Dental Implants, Division of Oral/Maxillofacial Surgery & Dentistry, University of Miami School of Medicine, Florida, USA.

Decision rationale: Per Medical reference cited above, "Interpretation of current and comprehensive diagnostic-quality radiographs to visualize each tooth and/or implant in its entirety and assess the quality/quantity of bone and establish bone loss patterns." The CT scan and panoramic radiographs are generally accepted for evaluation of bone morphology, surrounding anatomy, and quality/quantity of bone in areas of interest for placement of dental implants. However, they are not used as diagnostic tools in evaluating dentition for periodontal disease and decay. Therefore, this IMR reviewer finds this request for Full Mouth X-rays to be medically necessary, since patient may need extractions and/or implants, and has been diagnosed for possible periodontal disease.