

Case Number:	CM14-0118576		
Date Assigned:	08/06/2014	Date of Injury:	11/08/2008
Decision Date:	05/11/2015	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/29/2014

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. 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 43-year-old male, who sustained an industrial injury on 11/8/2008. The current diagnosis is contusion to the face, scalp, and neck. According to available documentation, the injured worker was seen on 6/11/2014 for dental treatment on an industrial basis. Per notes, tooth #7 was decayed and abscessed and was surgically extracted. The bridge from tooth #7 to tooth #10 had retainer crown on teeth #8 and 9. The retainer crown on #8 was leaking and mobile, relative to tooth #8. Teeth #8 and 9 were tested for pulp vitality and a new bridge was made. Teeth #2 and 11 had decay and required composite fillings. Decay was present on tooth #6 under a bridge spanning from #4-6. The bridge was removed, and a buildup was placed on #4 and #6. Treatment to date has included dental repairs on 4/30/2014, 5/22/2014, and 6/2/2014. The plan of care includes 6 removable partial dentures (teeth # 22, 27, 23, 24, 25 and 26), 6 bone grafts (teeth #22, 27, 23, 24, 25 and 26), 1 pulp vitality tests (tooth #8), 1 pulp vitality tests (tooth #9), 6 crowns (teeth # 22, 27, 23, 24, 25 and 26), and 6 implants (teeth # 22, 27, 23, 24 and 25).

IMR ISSUES, DECISIONS AND RATIONALES

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

Removable Partial Dentures (teeth # 22, 27, 23, 24, 25 and 26): 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 ODG Head(updated 06/04/13) Dental trauma treatment (facial fractures) Recommended.

Decision rationale: Records reviewed from the requesting dentist (08/13/14) indicate that patient had decay on tooth #27 which had a retainer crown and was part of a six unit bridge from tooth #22-27 that needed to be removed leaving tooth #22 and #27 uncovered and a gap of missing teeth from #23-26. Requesting dentist states that remaking a bridge would be below the standard of care due to patient having bruxism and therefore recommending implant supported crowns instead on teeth 23-26. He states #22 and #27 will require "new crowns, and possibly root canals and posts". He does not state that these two teeth #22 & #27 need implants. Per reference mentioned above "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." This patient has been authorized for implants and crowns for repair of the teeth; therefore, this reviewer finds this request for 6 removable partial dentures medically necessary at this time as a temporary appliance during the healing period between extraction, implant placement, and delivery of final implant restorations.

Crowns (teeth # 22, 27, 23, 24, 25 and 26): 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 ODG Head(updated 06/04/13) Dental trauma treatment (facial fractures) Recommended.

Decision rationale: Records reviewed from the requesting dentist indicate that patient had decay on tooth #27 which had a retainer crown and was part of a six unit bridge from tooth #22-27 that needed to be removed leaving tooth #22 and #27 uncovered and a gap of missing teeth from #23-26. Requesting dentist states that remaking a bridge would be below the standard of care due to patient having bruxism and therefore recommending implant supported crowns instead on these teeth. Per medical reference mentioned above, "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." Therefore based on the records reviewed and medical references mentioned above, this reviewer finds this request for 6 crowns medically necessary to properly treat this patient's dental condition and properly restore their chewing ability.

Implants (teeth # 22, 27, 23, 24, 25 and 26): Upheld

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 ODG Head(updated 06/04/13) Dental trauma treatment (facial fractures) Recommended.

Decision rationale: Records reviewed from the requesting dentist indicate that patient had decay on tooth #27 which had a retainer crown and was part of a six unit bridge from tooth #22-27 that needed to be removed leaving tooth #22 and #27 uncovered and a gap of missing teeth from #23-26. Requesting dentist states that remaking a bridge would be below the standard of care due to patient having bruxism and therefore recommending implant supported crowns instead on teeth 23-26. He states #22 and #27 will require "new crowns, and possibly root canals and posts" in his report dated 08/13/14. He does not state that teeth #22 & #27 need implants. Per medical reference mentioned above, "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." Therefore based on the records reviewed and medical references mentioned above, implants are not medically necessary to replace teeth #22-27.

Bone Grafts (teeth #22, 27, 23, 24, 25 and 26): Upheld

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 ODG Head (updated 06/04/13) Dental trauma treatment (facial fractures) Recommended.

Decision rationale: Requesting dentist states that remaking a bridge would be below the standard of care due to patient having bruxism and therefore recommending implant supported crowns instead on teeth 23-26. He states #22 and #27 will require "new crowns, and possibly root canals and posts". He does not state that these two teeth #22 & #27 need implants. Per medical reference mentioned above, "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." Also per medical reference mentioned above, "Ridge preservation techniques are effective in minimizing post-extraction alveolar ridge contraction" and "In cases where there has been extensive alveolar bone loss following extraction, it may be necessary to provide bone augmentation prior to implant placement." Therefore based on the records reviewed and medical references mentioned above, this reviewer finds bone grafts (for teeth #22-27) not medically necessary.

Puld Vitality Test (tooth #8): Upheld

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 J Endod. 2013 Aug;39(8):965-9. doi: 10.1016/j.joen.2013.04.019. Epub 2013 May 21. Predictive values of thermal and electrical dental pulp tests: a clinical study. Villa-Chávez CE1, Patiño-Marín N, Loyola-Rodríguez JP, Zavala-Alonso NV, Martínez-Castañón GA, Medina-Solís CE.

Decision rationale: Based on the medical reference mentioned above and reviewed medical records, the pulp vitality test is not medically necessary. Per medical reference mentioned above "The cold test was the most accurate methods for diagnostic testing." Therefore, the request is not medically necessary.

Puld Vitality Test (tooth #9): Upheld

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 J Endod. 2013 Aug;39(8):965-9. doi: 10.1016/j.joen.2013.04.019. Epub 2013 May 21. Predictive values of thermal and electrical dental pulp tests: a clinical study. Villa-Chávez CE1, Patiño-Marín N, Loyola-Rodríguez JP, Zavala-Alonso NV, Martínez-Castañón GA, Medina-Solís CE.

Decision rationale: Based on the medical reference mentioned above and reviewed medical records, the pulp vitality test is not medically necessary. Per medical reference mentioned above "The cold test was the most accurate methods for diagnostic testing." Therefore, the request is not medically necessary.