

Case Number:	CM15-0120943		
Date Assigned:	07/01/2015	Date of Injury:	04/22/2003
Decision Date:	08/10/2015	UR Denial Date:	06/13/2015
Priority:	Standard	Application Received:	06/23/2015

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 68-year-old female, who sustained an industrial injury on 4/22/03. Initial complaints were not reviewed. The injured worker was diagnosed as having dental caries. Treatment to date has included dental service. Currently, the PR-2 notes dated 5/5/15 indicated the injured worker was in the office for a period examination. She has no complaints and needs to move forward with the next phase of treatment - tooth replacement for what are missing #9 distal and #10 mesial, filling stable; #2 mesial with a spot in the concavity and is plaque trap. The provider plans to fill this area. Tooth #11 decay found and will plan for fill this one. All other areas are stable at this time. The notes indicate she has missing teeth since about 2005 and as a result the ridge areas have been resorbed. More than likely, the injured worker will need block grafts to build the ridges in order to place implants and the process was explained to the injured worker. The injured worker reports this is much more than she is able or wants to go through since she has other alternatives. Option 2 would be an upper removable partial and the injured worker feels that would be a good choice. A bridge could be done on the lower right with only one tooth missing and this does not affect her chewing ability. The provider notes she is cavity prone and best to leave the space. The ridge is very narrow and an implant is not advised. The provider's is requesting authorization of one study model.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Study Models: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Oral hygiene care for functionally functionally dependent and cognitively impaired older adults; University of Iowa College of Nursing, July 2011, pg 61.

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].

Decision rationale: Record notes dated 06/09/15 from treating dentist states that patient has missing teeth UR, UL and LR have been gone since 2005 as a result the ridge areas have resorbed. The UL has minimal thin ridge. The UR is a little better but still thin, LR not much better. A scan would be necessary, but Dr informed patient that more than likely she should need block grafts to build the ridges in order to place implants but patient feels that this is much more than she want to go through since she has other alternatives. Dentist further recommends option 2 upper removable partial, which he feels that this would be a good option for patient to replace missing teeth upper right and left. Patient feels this is a good option. QME report of Dr [REDACTED] DDS dated 06/26/14 has diagnosed this patient with xerostomia, tooth loss and dental decay. He further recommends restorations on an industrial basis and due to her xerostomia she must have oral hygienist treatment by a dental hygienist every 4-6 months, xerostomia aggravates periodontal disease. Per reference mentioned above, "medical and dental history review, clinical examination, and radiographic analysis. Microbiologic, genetic, biochemical, or other diagnostic tests may also be useful, on an individual basis, for assessing the periodontal status of selected individuals or sites. "This patient has been diagnosed with xerostomia which aggravates periodontal disease, and patient needs dental restorations on an industrial basis. Therefore, this reviewer finds this request for 1 study model to be medically necessary to properly treat this patient's dental condition.