

Case Number:	CM15-0124182		
Date Assigned:	07/08/2015	Date of Injury:	01/23/2008
Decision Date:	08/24/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/27/2015

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:

This 68 year old female sustained an industrial injury on 1/23/08. She subsequently reported head trauma. Diagnoses include head, face and neck myalgia and myositis. Treatments to date include x-rays, dental procedures and prescription pain medications. The injured worker continues to experience dry mouth and continues to clench and grind her teeth. Upon examination, there was pain to percussion and palpation to the teeth. A request for Dental implant of tooth number 11, Custom abutment of tooth number 11, Implant crown of tooth number 11 and Extraction of tooth number 11 with placement of bone graft and membrane was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental implant of tooth number 11: 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 Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

Decision rationale: [REDACTED] in his initial report dated 11/20/12 has diagnosed this patient with bruxism, xerostomia, myofascial pain of facial musculature, capsulitis of bilateral TMJ's, internal derangement of the TMJ discs, osteoarthritis of the TMJ and aggravated periodontal disease. Recent dental report of [REDACTED] DMD dated 06/01/15 states that Tooth #11 has fractured horizontally and patient is in pain. Clinical exam demonstrated that #11 is fractured to the gingival margin and is not restorable. Treating dentist is recommending extraction of #11 with placement of bone graft and membrane, dental implant, custom abutment and implant crown for #11. However UR dentist states that the panoramic and periapical radiograph were forwarded to him and the radiographs do not show a fracture on tooth #11 and a peer-to-peer call was attempted three times to resolve this discrepancy but was unsuccessful. In this case, there are insufficient documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays and caries assessment to support this request for extraction of tooth #11 and dental implant/custom abutment and implant crown for #11. Absent further detailed documentation including dental x-rays with clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. The request is not medically necessary.

Custom abutment of tooth number 11: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/7591006>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

Decision rationale: [REDACTED] in his initial report dated 11/20/12 has diagnosed this patient with bruxism, xerostomia, myofascial pain of facial musculature, capsulitis of bilateral TMJ's, internal derangement of the TMJ discs, osteoarthritis of the TMJ and aggravated periodontal disease. Recent dental report of [REDACTED] DMD dated 06/01/15 states that Tooth #11 has fractured horizontally and patient is in pain. Clinical exam demonstrated that #11 is fractured to the gingival margin and is not restorable. Treating dentist is recommending extraction of #11 with placement of bone graft and membrane, dental implant, custom abutment and implant crown for #11. However UR dentist states that the panoramic and periapical radiograph were forwarded to him and the radiographs do not show a fracture on tooth #11 and a peer-to-peer call was attempted to resolve this discrepancy but was unsuccessful. In this case, there are insufficient documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays and caries assessment to support this request for extraction of tooth #11 and dental implant/custom abutment and implant crown for #11. Absent further detailed documentation including dental x-rays with clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this

case. The request is not medically necessary.

Implant crown of tooth number 11: 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 Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

Decision rationale: [REDACTED] in his initial report dated 11/20/12 has diagnosed this patient with bruxism, xerostomia, myofascial pain of facial musculature, capsulitis of bilateral TMJ's, internal derangement of the TMJ discs, osteoarthritis of the TMJ and aggravated periodontal disease. Recent dental report of [REDACTED] DMD dated 06/01/15 states that Tooth #11 has fractured horizontally and patient is in pain. Clinical exam demonstrated that #11 is fractured to the gingival margin and is not restorable. Treating dentist is recommending extraction of #11 with placement of bone graft and membrane, dental implant, custom abutment and implant crown for #11. However UR dentist states that the panoramic and periapical radiograph were forwarded to him and the radiographs do not show a fracture on tooth #11 and a peer-to-peer call was attempted to resolve this discrepancy but was unsuccessful. In this case, there are insufficient documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays and caries assessment to support this request for extraction of tooth #11 and dental implant/custom abutment and implant crown for #11. Absent further detailed documentation including dental x-rays with clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. The request is not medically necessary.

Extraction of tooth number 11 with placement of bone graft and membrane: 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 Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

Decision rationale: [REDACTED] in his initial report dated 11/20/12 has diagnosed this patient with bruxism, xerostomia, myofascial pain of facial musculature, capsulitis of bilateral TMJ's, internal derangement of the TMJ discs, osteoarthritis of the TMJ and aggravated periodontal disease. Recent dental report of [REDACTED] DMD dated 06/01/15 states that Tooth #11 has fractured horizontally and patient is in pain. Clinical exam demonstrated that #11 is fractured to the gingival margin and is not restorable. Treating dentist is recommending extraction of #11 with placement of bone graft and membrane, dental implant, custom abutment and implant

crown for #11. However UR dentist states that the panoramic and periapical radiograph were forwarded to him and the radiographs do not show a fracture on tooth #11 and a peer-to-peer call was attempted three times to resolve this discrepancy but was unsuccessful. In this case, there are insufficient documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental XRAYs and caries assessment to support this request for extraction of tooth #11 and dental implant/custom abutment and implant crown for #11. Absent further detailed documentation including dental x-rays with clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. The request is not medically necessary.