

Case Number:	CM15-0170677		
Date Assigned:	09/11/2015	Date of Injury:	04/28/1999
Decision Date:	10/15/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	08/31/2015

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 61 year old male who sustained an industrial injury on 04-28-1999. He had a slip and twist injury resulting in a back injury. According to a qualified medical examination dated 11-05-2014, the provider made reference to medical records that were reviewed which included dental records dated 06-20-2007 which stated that gingival health had deteriorated caused by his multiple medications as a result of the 04-28-88 industrial injury. Other dental records referenced included a note from 03-11-2014 noting the onset of right maxillary swelling associated with right maxillary implant and plan for removal. A progress note from 06-16-2014 stated that the injured worker underwent removal of a failed right maxillary implant debridement of the infection, reconstruction and placement of two osseous integrated implants. According to clinical notes dated 08-06-2015, the injured worker returned 7 years later and was edentulous and had 4 upper and 2 lower implants. He had a long history of chronic pain following a fall at work. Past medical history meds included hydromorphone, Lansoprazole, Bumetanide and Humira injections. Examination demonstrated 3 Ankylos implants in the maxilla and one Zimmer and 2 Zimmer implants in the mandible. The Zimmers had locator attachments which were worn and needed to be replaced. The treatment plan included 4-implant bar and 2 lower locators and FF. On 08-28-2015, Utilization Review non-certified retrospective dental treatment-complete denture-maxillary, mandibular, implant bar, prefab abutment- including placement, precision attachment date of service 8-21-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Dental treatment-complete denture/maxillary, mandibular/implant bar/prefab abutment-including placement/precision attachment (DOS 8/21/15): 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 General Approaches 2004, Section(s): Initial Approaches to Treatment, General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed indicate that patient returned 7 years later and was edentulous and had 4 upper and 2 lower implants. He had a long history of chronic pain following a fall at work. Examination demonstrated 3 Ankylos implants in the maxilla and one Zimmer and 2 Zimmer implants in the mandible. The Zimmers had locator attachments which were worn and needed to be replaced. The treatment plan included 4 implant bar and 2 lower locators and FF. The treating dentist is recommending complete denture/maxillary, mandibular/implant bar/prefab abutment-including placement/precision. However there are insufficient documentation from the requesting dentist. There are insufficient documentation of claimant's dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. Absent further detailed documentation and 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. This reviewer recommends non-certification at this time. The request is not medically necessary.