

Case Number:	CM15-0172318		
Date Assigned:	09/14/2015	Date of Injury:	03/05/2002
Decision Date:	10/20/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/01/2015

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 67 year old male, who sustained an industrial injury on 3-5-02. Medical record indicated the injured worker is undergoing treatment for Bruxism-clenching and grinding of teeth and bracing of facial muscles, xerostomia, myofascial pain of facial musculature, capsulitis; inflammation of right and left temporomandibular joint, internal derangements-dislocations of right and left temporomandibular joint discs, osteoarthritis of TMJ, mastication impairment and aggravated periodontal disease-gingival inflammation. Treatment to date has included oral medications including Vicodin and Wellbutrin which caused Xerostomia. Currently on 7-30-15, the injured worker reports he is being seen for a follow-up dental evaluation for dental clearance prior to left knee replacement surgery. Objective findings on 7-30-15 noted decay in tooth # 4, 6, 12, 14, 15 and 30 with tooth # 1, 8, 9, 11, 13, 16, 18, 20, 24, 25, 31 and 32 missing. Tooth #12 is the distal abutment for a 7 unit bridge from #6-12. He has recurrent decay on #6 and 12 and # 8, 9 and 11 are pontics and 7 and 9 are abutments. There is indication of irreversible pulpitis with a partially necrotic pulp of #12 and #14 has decay that will require treatment. He also has significant periodontal disease as indicated by deep probing depths, inflammation and bone loss. He will need treatment with scaling and root planning prior to knee replacement surgery. The treatment plan included scaling and root planning in 4 quadrants, removal of bridge #6-12, extraction of 4, 6, 12, 15 and 30 with placement of a bone graft and membrane at each site, DO composite #14, palatal root composite #14, transitional partial denture to replaced #4, 6, 11, 12 and 15; fixed temporary bridge #7, 8, 9 and 10; implants # 4, 6, 11, 12, 15 and 30; implant crowns # 4, 6, 11, 12, 15 and 30, periodontal maintenance

every 3 months with topical fluoride therapy, fluoride trays, annual radiographs and IV sedation anesthesia. On 8-12-15, utilization review non-certified a fixed temporary bridge at #, 8, 9 and 10 noting it does not appear to be necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fixed temporary bridge for teeth 7, 8, 9, and 10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed indicate that dentist is recommending treatment with scaling and root planning prior to knee replacement surgery. The treatment plan included scaling and root planning in 4 quadrants, removal of bridge #6-12, extraction of 4, 6, 12, 15 and 30 with placement of a bone graft and membrane at each site, DO composite #14, palatal root composite #14, transitional partial denture to replaced #4, 6, 11, 12 and 15; fixed temporary bridge #7, 8, 9 and 10; implants # 4, 6, 11, 12, 15 and 30; implant crowns # 4, 6, 11, 12, 15 and 30, periodontal maintenance every 3 months with topical fluoride therapy, fluoride trays, annual radiographs and IV sedation anesthesia. However in the records provided there are insufficient documentation regarding the medical necessity of a fixed temporary bridge #7-10. Absent further detailed documentation and clear rationale, the medical necessity for this fixed temporary bridge for teeth 7, 8, 9, and 10 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.