

Case Number:	CM15-0177101		
Date Assigned:	09/17/2015	Date of Injury:	04/17/2012
Decision Date:	10/23/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/09/2015

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 50-year-old male, who sustained an industrial injury on April 17, 2012. A diagnosis was not provided. Currently, the injured worker complains of tooth pain (#14). A letter dated August 17, 2015 states the injured worker was evaluated on August 12, 2015 and it was determined that there is a "crack on the mesial-buccal root". The injured worker was previously treated with a root canal, core build up and crown in 2012. The request for guided tissue regeneration, socket bone graft, cone beam CT capture, surgical placement of the implant body, custom abutment, and abutment supported porcelain-ceramin crown and surgical removal of erupted tooth (all for tooth 14) is denied due to lack of documentation confirming the diagnosis of a root fracture, per Utilization Review letter dated August 26, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Guided tissue regeneration tooth 14: 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 J Oral Implantol. 2001; 27 (4): 187-93. Extraction site reconstruction for alveolar ridge preservation. Part 1: rationale and materials selection. Bartee BK."Alveolar ridge resorption has long been considered an unavoidable consequence of tooth extraction. While the extent and pattern of resorption is variable among individuals, there is a progressive loss of ridge contour as a result of physiologic bone remodeling. Over the long term, prosthodontic complications, loss of function, and inadequate bone for the placement of dental implants may result. Guided bone regeneration techniques and the use of bone replacement materials have both been shown to enhance socket healing and modify the resorption process. This review describes the process of alveolar bone loss, materials for extraction site grafting, and proposed mechanisms for ridge preservation."PMID: 12500877 [PubMed - indexed for MEDLINE] Oral Implantol (Rome). 2012 Jan; 5 (1): 3-10. Epub 2012 Jul 17. Computer-assisted virtual treatment planning combined with flapless surgery and immediate loading in the rehabilitation of partial edentulies. DE Vico G1, Spinelli D, Bonino M, Schiavetti R, Pozzi A, Ottria L.

Decision rationale: Records reviewed and letter dated 08/17/15 from [REDACTED] states that the injured worker was previously treated with a root canal, core build up and crown in 2012. Patient presented to the office in pain with #14 on several occasions. #14 was evaluated and determined that there is a crack on the mesial buccal root, which contributed to the build up and crown breaking off. Dentist states that in order to properly treat #14 the tooth will need to be surgically extracted and to successfully replace the missing tooth we will place bone resorbable membrane and surgical place of an implant. Dentist is recommending Guided tissue regeneration tooth 14. Per medical reference mentioned above, "Alveolar ridge resorption has long been considered an unavoidable consequence of tooth extraction. While the extent and pattern of resorption is variable among individuals, there is a progressive loss of ridge contour because of physiologic bone remodeling. Over the long term, prosthodontic complications, loss of function, and inadequate bone for the placement of dental implants may result. Guided bone regeneration techniques and the use of bone replacement materials have both been shown to enhance socket healing and modify the resorption process." Therefore, since this reviewer finds the request for surgical removal of erupted tooth #14 and placement of implant medically necessary, this request for guided tissue regeneration tooth 14 is also necessary to enhance socket healing and modify the resorption process.

Socket bone graft tooth 14: 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 Medscape Reference. Dental Implant Placement . Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA Aust Dent J. 2014 Mar; 59 (1): 48-56. doi: 10.1111/adj. 12098. Epub 2013 Aug 6. Current perspectives on the role of ridge (socket) preservation procedures in dental implant treatment in the aesthetic zone. Kassim B1, Ivanovski S, Mattheos N.

Decision rationale: Records reviewed and letter dated 08/17/15 from [REDACTED] states that the injured worker was previously treated with a root canal, core build up and crown in 2012. Patient presented to the office in pain with #14 on several occasions. #14 was evaluated and determined that there is a crack on the mesial buccal root, which contributed to the build up and crown breaking off. Dentist states that in order to properly treat #14 the tooth will need to be surgically extracted and to successfully replace the missing tooth we will place bone resorbable membrane and surgical place of an implant. Dentist is recommending Socket bone graft tooth 14. Per medical reference mentioned above, "Ridge preservation techniques are effective in minimizing post-extraction alveolar ridge contraction" (Kassim B, 2014) 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." (Burgess). Therefore, since this reviewer finds the request for surgical removal of erupted tooth #14 and placement of implant medically necessary, this request for Socket bone graft tooth 14 is also necessary to minimize post-extraction alveolar ridge contraction and to provide bone augmentation prior to implant placement.

Cone beam CT capture tooth 14: 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 Implant Soc. 1995; 5 (5): 7-11. Radiographic modalities for diagnosis and treatment planning in implant dentistry. Garg AK1, Vicari A.1 Center for Dental Implants, Division of Oral/Maxillofacial Surgery & Dentistry, University of Miami School of Medicine, Florida, USA.

Decision rationale: Records reviewed and letter dated 08/17/15 from [REDACTED] states that the injured worker was previously treated with a root canal, core build up and crown in 2012. Patient presented to the office in pain with #14 on several occasions. #14 was evaluated and determined that there is a crack on the mesial buccal root, which contributed to the build up and crown breaking off. Dentist states that in order to properly treat #14 the tooth will need to be surgically extracted and to successfully replace the missing tooth we will place bone resorbable membrane and surgical place of an implant. Dentist is recommending Cone beam CT capture tooth 14. Per reference mentioned above, "CT provides a highly sophisticated format for precisely defining the jaw structure and locating critical anatomic structures. The use of CT scans in conjunction with software that renders immediate "treatment plans" using the most real and accurate information provides the most effective radiographic modality currently available for the evaluation of patients for oral implants. "Therefore, since this reviewer finds the request for surgical removal of erupted tooth #14 and placement of implant medically necessary, this request for Cone beam CT capture tooth 14 is also medically necessary to precisely define the jaw structure and locate critical anatomic structures."

Surgical placement of the implant body tooth 14: 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 Official Disability Guidelines (ODG) Head Dental trauma treatment (facial fractures).

Decision rationale: Records reviewed and letter dated 08/17/15 from [REDACTED] states that the injured worker was previously treated with a root canal, core build up and crown in 2012. Patient presented to the office in pain with #14 on several occasions. #14 was evaluated and determined that there is a crack on the mesial buccal root, which contributed to the build up and crown breaking off. Dentist states that in order to properly treat #14 the tooth will need to be surgically extracted and to successfully replace the missing tooth we will place bone resorbable membrane and surgical place of an implant. Dentist is recommending Surgical placement of the implant body tooth 14. Per reference mentioned above, "Rather than resting on the gum line like removable dentures, or using adjacent teeth as anchors like fixed bridges, dental implants are long-term replacements. 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." Therefore this reviewer finds this request for Surgical placement of the implant body tooth 14 medically necessary to properly treat this patient's tooth #14.

Custom abutment tooth 14: 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 Official Disability Guidelines (ODG) Head Dental trauma treatment (facial fractures).

Decision rationale: Records reviewed and letter dated 08/17/15 from [REDACTED] states that the injured worker was previously treated with a root canal, core build up and crown in 2012. Patient presented to the office in pain with #14 on several occasions. #14 was evaluated and determined that there is a crack on the mesial buccal root, which contributed to the build up and crown breaking off. Dentist states that in order to properly treat #14 the tooth will need to be surgically extracted and to successfully replace the missing tooth we will place bone resorbable membrane and surgical place of an implant. Dentist is recommending surgical placement of the implant body tooth 14. Per reference mentioned above, "Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury...Rather than resting on the gum line like removable dentures, or using adjacent teeth as anchors like fixed bridges, dental implants are long-term replacements. 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." Therefore based on the records reviewed along with the reference and findings mentioned above, this reviewer finds this request for custom abutment tooth 14 medically necessary to properly replace this patient's tooth #14.

Abutment supported porcelain/ceramin crown tooth 14: 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 Official Disability Guidelines (ODG) Head Dental trauma treatment (facial fractures).

Decision rationale: Records reviewed and letter dated 08/17/15 from [REDACTED] states that the injured worker was previously treated with a root canal, core build up and crown in 2012. Patient presented to the office in pain with #14 on several occasions. #14 was evaluated and determined that there is a crack on the mesial buccal root, which contributed to the build up and crown breaking off. Dentist states that in order to properly treat #14 the tooth will need to be surgically extracted and to successfully replace the missing tooth we will place bone resorbable membrane and surgical place of an implant. Dentist is recommending Abutment supported porcelain/ceramic crown tooth 14. Per reference mentioned above, "crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury" Therefore this reviewer finds this request for Abutment supported porcelain/ceramin crown tooth 14 medically necessary to properly treat this patient's tooth #14.

Surgical removal of erupted tooth 14: 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 Official Disability Guidelines (ODG) Head Dental trauma treatment (facial fractures).

Decision rationale: Records reviewed and letter dated 08/17/15 from [REDACTED] states that the injured worker was previously treated with a root canal, core build up and crown in 2012. Patient presented to the office in pain with #14 on several occasions. #14 was evaluated and determined that there is a crack on the mesial buccal root, which contributed to the build up and crown breaking off. Dentist states that in order to properly treat #14 the tooth will need to be surgically extracted and to successfully replace the missing tooth we will place bone resorbable membrane and surgical place of an implant. Dentist is recommending surgical removal of erupted tooth 14. Per reference mentioned above, "pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury." Therefore based on the records reviewed along with the reference and findings mentioned above, this reviewer finds this request for Surgical removal of erupted tooth 14 medically necessary to properly treat this patient's tooth #14.