

<b>Case Number:</b>	CM15-0027007		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	05/28/2002
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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 53 year old female who sustained a work related injury on May 28, 2002. She suffered from severe stress at her job where she suffered migraine headaches, sleep disorders, back and shoulder pain, jaw pain and fractured teeth from clenching and grinding her teeth. She was diagnosed with Periodontal Pocket depths, bone loss and inadequate attached gingival. Treatments included surgical interventions, flaps, and grafts and guided tissue regeneration, physical therapy and a soft diet. Currently, the injured worker complained of further deterioration of her teeth with lack of dental structural support. On January 13, 2015, a request for bone grafting of the extraction sockets at teeth #21 and #28 was non-certified by Utilization Review, noting Health Partners Dental Group and Clinics treatment planning Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone grafting of the extraction sockets:** Overturned

**Claims Administrator guideline:** The Claims Administrator 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, 2011 July NGC:008726 American Academy of Periodontology - Professional Association.

**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:** Per records reviewed, this patient has Periodontal Pocket depths, bone loss and inadequate attached gingival. UR dentist has authorized extraction and implant placement for teeth #21 & 28. 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, this IMR reviewer finds this request for bone grafting of the extraction sockets medically necessary to minimize post extraction alveolar ridge contraction.