

Case Number:	CM15-0096690		
Date Assigned:	06/01/2015	Date of Injury:	02/14/2015
Decision Date:	09/09/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/19/2015

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 52 year old male sustained an industrial injury to on 2/14/15 after being struck in the mouth by a hose. The force of the blow loosened several of the lower front teeth and caused the onset of pain in several upper right front teeth. In a dental consultation dated 3/4/15, physical exam was remarkable for significant mobility and loosening of the lower four incisor teeth, #23-#26. The physician noted that the prognosis for these teeth was poor. Current diagnoses included un- restorable #23, 24, 25 and 26. The physician recommended extraction of teeth #23-#26 with replacement by means of dental implants and alveoloplasty and root canal followed by placement of a ceramic crown to the upper right first bicuspid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extraction of teeth #23, 24, 25, 26: Overturned

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 Chapter, Dental trauma treatment.

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 indicate significant mobility and loosening of the lower four incisor teeth, #23-#26. The physician noted that the prognosis for these teeth was poor. Current diagnoses included un-restorable #23, 24, 25 and 26. Dentist has recommended extraction of teeth #23-#26 with replacement by means of dental implants and alveoplasty and root canal followed by placement of a ceramic crown to the upper right first bicuspid. Per medical 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. 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." Since these teeth have been found to be un-restorable, this reviewer finds this request for Extraction of teeth #23, 24, 25, 26 medically necessary to properly treat this patient's teeth #23-26.

Alveoplasty with ext 3 teeth: Overturned

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 Chapter, Dental trauma treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Reference.

Decision rationale: Records reviewed indicate significant mobility and loosening of the lower four incisor teeth, #23-#26. The physician noted that the prognosis for these teeth was poor. Current diagnoses included un-restorable #23, 24, 25 and 26. Dentist has recommended extraction of teeth #23-#26 with replacement by means of dental implants and alveoplasty and root canal followed by placement of a ceramic crown to the upper right first bicuspid. 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) "Since this patient has been approved for Extraction of teeth #23, 24, 25, 26, this reviewer finds this request for Alveoplasty with ext 3 teeth medically necessary to properly treat this patient's dental condition."

Dental implant placement #23, 26: Overturned

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 Chapter, Dental trauma treatment.

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 indicate significant mobility and loosening of the lower

four incisor teeth, #23-#26. The physician noted that the prognosis for these teeth was poor. Current diagnoses included un-restorable #23, 24, 25 and 26. Dentist has recommended extraction of teeth #23-#26 with replacement by means of dental implants and alveoplasty and root canal followed by placement of a ceramic crown to the upper right first bicuspid. Per medical 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. 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." Since these teeth have been found to be un-restorable, this reviewer finds this request for Dental implant placement #23, 26 medically necessary to properly treat this patient's teeth #23-26.

Radiographic/surgical implant: Overturned

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 Chapter, Dental trauma treatment.

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.

Decision rationale: Records reviewed indicate significant mobility and loosening of the lower four incisor teeth, #23-#26. The physician noted that the prognosis for these teeth was poor. Current diagnoses included un-restorable #23, 24, 25 and 26. Dentist has recommended extraction of teeth #23-#26 with replacement by means of dental implants and alveoplasty and root canal followed by placement of a ceramic crown to the upper right first bicuspid. Per medical reference mentioned above, "Today, the two most often employed and most applicable radiographic studies for implant treatment planning are the panoramic radiograph and tomography." Since this patient has been approved for implants, this reviewer finds this request for radiographic/surgical implant medically necessary for proper implant treatment planning.

Oral sedation: 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 Chapter, Dental trauma treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2).

Decision rationale: Records reviewed indicate significant mobility and loosening of the lower four incisor teeth, #23-#26. The physician noted that the prognosis for these teeth was poor. Current diagnoses included un-restorable #23, 24, 25 and 26. Dentist has recommended extraction of teeth #23-#26 with replacement by means of dental implants and alveoplasty and root canal followed by placement of a ceramic crown to the upper right first bicuspid. However this request for oral sedation is not specific. This reviewer is not clear on what kind of oral

sedation is being requested and the dosage. Absent further detailed documentation and clear rationale, the medical necessity for this non specific 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, therefore is not medically necessary.

Inhalation analgesia N2O: 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 Chapter, Dental trauma treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA
MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2).

Decision rationale: Records reviewed indicate significant mobility and loosening of the lower four incisor teeth, #23-#26. The physician noted that the prognosis for these teeth was poor. Current diagnoses included un-restorable #23, 24, 25 and 26. Dentist has recommended extraction of teeth #23-#26 with replacement by means of dental implants and alveoloplasty and root canal followed by placement of a ceramic crown to the upper right first bicuspid. However this request for Inhalation analgesia N2O is not specific and there is insufficient documentation to medically justify this need. Also, this reviewer is not clear on what dosage of inhalation analgesia N2O is being requested. Absent further detailed documentation and clear rationale, the medical necessity for this non specific 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 therefore is not medically necessary.