
Notice of Independent Medical Review Determination

Dated: 9/30/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/9/2013
Date of Injury: 2/15/1992
IMR Application Received: 7/18/2013
MAXIMUS Case Number: CM13-0002093

- 1) MAXIMUS Federal Services, Inc. has determined the request for Endosteal Implant placement tooth #13 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Unspecified adjacent proc tooth #13 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Bone replacement tooth #13 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Guided tissue regeneration **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for General Anesthesia - additional 15 minutes **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Bio mat for Tissue regulation **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Endosteal Implant placement tooth #13 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Unspecified adjacent proc tooth #13 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Bone replacement tooth #13 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Guided tissue regeneration **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for General Anesthesia - additional 15 minutes **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Bio mat for Tissue regulation **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Expert Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is licensed in Dentistry, has a subspecialty in Periodontics and Implant Dentistry, and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 9, 2013

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According to the clinical documentation, the patient is a 68-year old individual who sustained an injury on 2/15/92 during an assault. According to the Consultation Report dated 6/20/13 by [REDACTED] DDS, the patient presented with unrestorable tooth number 13 that needed to be extracted; missing teeth numbers 14 and 15; and tooth number 13 that has been injured. The patient would like to have missing/unrestorable teeth replaced by a fixed implant supported restoration. Clinical findings noted marginal bone width for placement of implants number 13 and bone graft will be necessary at the time of implant placement. Tooth number 13 was fractured at the level of the gum and not restorable. There was a marginal bone volume presented for placement of implant number 13. Bone grafting will be needed at the time of implant placement. The patient was a good candidate for extraction of tooth

number 13, placement of bone graft and immediate implant number 13. Due to patient's extreme anxiety of dental treatment, the provider recommended that treatment will be performed under general anesthesia patient. The patient's diagnoses were not documented in the clinical records submitted with this request.

This is a review for medical necessity of the requested endosteal implant placement tooth 13; unspecified adjacent proc tooth 13; bone replacement tooth 13; general anesthesia - first 30 minutes; guided tissue regeneration; general anesthesia additional 15 min; surgical extraction tooth 13; biomat for tissue reg.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 07/18/2013)
- Utilization Review Determination from [REDACTED] (dated 07/09/2013)
- Employee medical records from Intercare [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Endosteal Implant placement tooth #13 :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Internal Association of Dental Traumatology (IADT) and the Official Disability Guidelines (ODG) Head (2013), which are not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated MTUS did not apply to the issue at dispute. The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) Head (2013) and Gotfredsen, K. and A. Wiskott, *Consensus report - reconstructions on implants. The Third EAO Consensus Conference 2012*. Clinical oral implants research, 2012. **23 Suppl 6**: p. 238-41, which is peer reviewed scientific evidence that is not part of MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on February 15, 1992 to the teeth. The medical report of June 20, 2013 documents that the employee presented with an injured and unrestorable tooth number 13, and missing teeth numbers 14 and 15. The medical report also indicated that the tooth number 13 was fractured at the gum. The request is for Endosteal Implant placement tooth #13.

The Official Disability Guidelines (ODG) indicate that dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth would be options to quickly repair injury to the natural teeth as a result of, and directly related to an accidental injury, and if there is not enough tooth structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants, or a removable appliance may be used. The medical records provided for review indicate that tooth was determined to be non-restorable by the treating dentist. The request for Endosteal Implant placement tooth #13 is **medically necessary and appropriate.**

2) Regarding the request for Unspecified adjacent proc tooth #13 :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Internal Association of Dental Traumatology (IADT) and the Official Disability Guidelines (ODG) Head (2013), which are not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated MTUS did not apply to the issue at dispute. The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) Head (2013).

Rationale for the Decision:

The employee sustained a work-related injury on February 15, 1992 to the teeth. The medical report of June 20, 2013 documents that the employee presented with an injured and unrestorable tooth number 13, and missing teeth numbers 14 and 15. The medical report also indicated that the tooth number 13 was fractured at the gum. The request is for an unspecified adjacent proc tooth #13.

The Official Disability Guidelines (ODG) indicate that dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth would be options to quickly repair injury to the natural teeth as a result of, and directly related to an accidental injury, and if there is not enough tooth structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants, or a removable appliance may be used. The medical records provided for review do not provided documentation of a specific designation of what the procedure is to determine necessity. The request for unspecified adjacent proc tooth #13 **is not medically necessary and appropriate.**

3) Regarding the request for Bone replacement tooth #13 :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Internal Association of Dental Traumatology (IADT) and the Official Disability Guidelines (ODG) Head (2013), which are not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated MTUS did not apply to the issue at dispute. The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) Head (2013).

Rationale for the Decision:

The employee sustained a work-related injury on February 15, 1992 to the teeth. The medical report of June 20, 2013 documents that the employee presented with an injured and unrestorable tooth number 13, and missing teeth numbers 14 and 15. The medical report also indicated that the tooth number 13 was fractured at the gum. The request is for bone replacement tooth #13.

The Official Disability Guidelines (ODG) indicate that dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth would be options to quickly repair injury to the natural teeth as a result of, and directly related to an accidental injury, and if there is not enough tooth structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants, or a removable appliance may be used. The medical records provided for review does not provide sufficient evidence to support this therapy. There is no 3 dimensional imaging to describe the vertical nor the horizontal dimensions of the alveolar ridge surrounding #13, nor the root form and length. In addition the amount of bone in the horizontal and vertical dimension is not known. The request for bone replacement tooth #13 **is not medically necessary and appropriate.**

4) Regarding the request for Guided tissue regeneration :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Internal Association of Dental Trauma treatment (facial fractures) and the Official Disability Guidelines (ODG) Head (2013), which are not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated MTUS did not apply to the issue at dispute. The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) Head (2013).

Rationale for the Decision:

The employee sustained a work-related injury on February 15, 1992 to the teeth. The medical report of June 20, 2013 documents that the employee presented with an injured and unrestorable tooth number 13, and missing teeth numbers 14 and 15. The medical report also indicated that the tooth number 13 was fractured at the gum. The request is for guided tissue regeneration.

The Official Disability Guidelines (ODG) indicate that dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth would be options to quickly repair injury to the natural teeth as a result of, and directly related to an accidental injury, and if there is not enough tooth structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants, or a removable appliance may be used. The medical records provided for review does not provide sufficient evidence to support this therapy. Because the bone graft procedure is not medically necessary as determined earlier, there is no need for guided tissue regeneration as there is no evidence to support its necessity. The request for guided tissue regeneration **is not medically necessary and appropriate.**

5) Regarding the request for General Anesthesia - additional 15 minutes :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Internal Association of Dental Trauma treatment (facial fractures) and the Official Disability Guidelines (ODG) Head (2013), which are not part of the Medical Treatment Utilization Schedule

(MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated MTUS did not apply to the issue at dispute. The Expert Reviewer based his/her decision on Coulthard, P., *The indicator of sedation need (IOSN)*. Dental update, 2013. **40(6)**: p. 466-8, 470-1, peer reviewed scientific evidence not part of MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on February 15, 1992 to the teeth. The medical report of June 20, 2013 documents that the employee presented with an injured and unrestorable tooth number 13, and missing teeth numbers 14 and 15. The medical report also indicated that the tooth number 13 was fractured at the gum. The request is for general anesthesia—additional 15 minutes.

The Coulthard article indicates support for the therapy, and states that sedation is standard for most cases where individuals cannot tolerate the therapy without it. The medical records provided for review indicate that the employee reported having anxiety related to this specific treatment. The request for general anesthesia-additional 15 minutes **is medically necessary and appropriate.**

6) Regarding the request for Bio mat for Tissue regulation:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Internal Association of Dental Trauma treatment (facial fractures) and the Official Disability Guidelines (ODG) Head (2013), which are not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated MTUS did not apply to the issue at dispute. The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) Head (2013).

Rationale for the Decision:

The employee sustained a work-related injury on February 15, 1992 to the teeth. The medical report of June 20, 2013 documents that the employee presented with an injured and unrestorable tooth number 13, and missing teeth numbers 14 and 15. The medical report also indicated that the tooth number 13 was fractured at the gum. The request is for bio mat for tissue regulation.

The Official Disability Guidelines (ODG) indicate that dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth would be options to quickly repair injury to the natural teeth as a result of, and directly related to an accidental injury, and if there is not enough tooth structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants, or a removable appliance may be used. The medical records provided for review does not provide sufficient evidence to support this therapy. Because the bone graft procedure is not medically necessary as determined earlier, there is no need for biomaterials for tissue regulation as there is no evidence to support its necessity. The request for bio mat for tissue regulation **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.