
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/16/2013
Date of Injury: 1/6/1996
IMR Application Received: 7/22/2013
MAXIMUS Case Number: CM13-0002277

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

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. The expert reviewer is licensed in Dentistry, has a subspecialty in Periodontology 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 disputed items/services.

DOCUMENTS REVIEWED

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

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

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 patient, Mr. [REDACTED], born [REDACTED], has a history and diagnosis including bruxism, chronic utilization of pain medication and suspected resulting xerostomia, partial edentulism, periodontal disease, and more recently peri-implantitis resulting in acute infections. The patient has been described as having an ill fitting maxillary and mandibular prosthesis as a result of recent implant removal due to failure. The current surgical plan provided by Dr. [REDACTED] is for removal of remaining implants presenting with peri-implantitis and replacement with new and additional implants in order to support a new maxillary and mandibular fixed removable prosthesis. The desired oral surgery in this case would include all removal of diseased implants, any necessary grafting, and subsequent placement of replacement implants for failed and planned sites to support the designed maxillary and mandibular prosthesis.

IMR DECISION(S) AND RATIONALE(S)

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

1. Oral Surgery is medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines which is not part of MTUS.

The Expert reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert reviewer based his/her decision on Klinge B, Meyle J, Working G. Peri-implant tissue destruction. The Third EAO Consensus Conference 2012. Clin Oral Implants Res 2012;23 Suppl 6:108-110; Chan HL, Lin GH, Suarez F, Maceachern M, Wang HL. Surgical Management of Peri-implantitis: A Systematic Review and Meta-analysis of Treatment Outcomes. J Periodontol 2013; Esposito M, Grusovin MG, Worthington HV.

Treatment of peri-implantitis: what interventions are effective? A Cochrane systematic review. European journal of oral implantology 2012;5 Suppl:S21-41.

The Expert reviewer's decision rationale:

The requested service is necessary based upon the clinical presentation and subsequent diagnosis provided. If the implants are failing and the previous prosthesis that was supported by those implants is also no longer functional, the implants must be replaced. Removal of any of the remaining implants also experiencing failure is considered appropriate. As a new prosthesis is being designed it is appropriate that additional and different implant positions may be necessary

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.

[REDACTED]

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