

Case Number:	CM14-0085830		
Date Assigned:	05/04/2015	Date of Injury:	11/13/2013
Decision Date:	07/17/2014	UR Denial Date:	05/10/2014
Priority:	Other	Application Received:	06/09/2014

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.

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 55-year-old male with an industrial injury dated 11/13/2013. The injured worker's diagnoses include fracture of the face bones: closed mandible. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 11/26/2013, the injured worker reported jaw fracture. Objective findings revealed multiple avulsed and fractured teeth with no sign of infection. Treatment plan consisted of medication refill, soft diet and follow up with dentist. Some documents within the submitted medical records are difficult to decipher. The treating physician prescribed services for interim partial denture (mandibular), surgical place implant: Endosteal for tooth #23, #24, #25 and #26, Prefab Abutment Including Placement for Tooth #23, #24, #25 and #26, abutment supported porcelain fused to metal (PFM): high Nob for Tooth #23, #24, #25 and #26, bone graft, implant placement tooth #26 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interim Partial Denture (Mandibular): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics Guidelines for the Diagnosis and Treatment of Periodontal Diseases. Minneapolis (MN): HealthPartners Dental Group; 2011 Dec 9, 37p.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Records reviewed indicate that this patient has been diagnosed with fracture of the face bones, closed mandible. Objective findings revealed multiple avulsed and fractured teeth. The treating physician prescribed services for interim partial denture (mandibular), surgical place implant: Endosteal for tooth #23, #24, #25 and #26. AME report dated 12/12/14 states that patient has suffered injuries to teeth #4, 5, 6, 9, 12 and 23-28 as well as fracturing of his upper removable partial denture, on an industrial basis. The AME report further recommends replacement of the missing teeth the patient suffered as a result of his industrial injury and to be evaluated by an expert in TMJ dysfunction. Letter dated 05/20/14 from requesting dentist states that the patient has began to take better care of his teeth and his oral hygiene improved and he started showing an interest in maintaining his teeth. He states that the patient was not a good candidate for immediate placement of dental implants initially and he needed to show ability to take care of his mouth with good oral hygiene. Regarding tobacco use, he further states that it is not a contraindication for implants only a risk factor. The requesting dentist states that although the patient has bone loss, the anterior mandible has a great deal of bone available for implant anchorage and implant failure risk is low if he continues with his improved home care. Per medical reference mentioned above, "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." Since this patient has began to take better care of his teeth and his oral hygiene has improved, the request for an interim partial denture is medically necessary.

Surgical Place Implant - Endosteal for Tooth #23, #24, #25 and #26: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics Guidelines for the Diagnosis and Treatment of Periodontal Diseases. Minneapolis (MN): HealthPartners Dental Group; 2011 Dec 9, 37p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Long-Term Outcome of Implant Rehabilitations in Patients with Systemic Disorders and Smoking Habits: A Retrospective Clinical Study.

Decision rationale: Records reviewed indicate that this patient has began to take better care of his teeth and his oral hygiene has improved. The literature reviewed by this reviewer indicates that smoking is a risk factor for implant failures, but it is not found to be an absolute contraindication to the placement of implants. Per reference mentioned above, "Implant rehabilitations in patients presenting systemic disorders or smoking habits are possible with good outcomes." Also, per medical reference mentioned above, "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, the request for a Surgical Place Implant: Endosteal for Tooth #23, #24, #25 and #26 is medically necessary to repair this patient's teeth.

Prefab Abutment Including Placement for Tooth #23, #24, #25 and #26: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics Guidelines for the Diagnosis and Treatment of Periodontal Diseases. Minneapolis (MN): HealthPartners Dental Group; 2011 Dec 9, 37p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clin Implant Dent Relat Res. 2015 Apr 16. doi: 10.1111/cid. 12346. Long-Term Outcome of Implant Rehabilitations in Patients with Systemic Disorders and Smoking Habits: A Retrospective Clinical Study. Malo P1, de Araujo Nobre M, Goncalves Y, Lopes A.

Decision rationale: Records reviewed indicate that this patient has begun to take better care of his teeth and his oral hygiene has improved. The literature reviewed by this reviewer indicates that smoking is a risk factor for implant failures, but it is not found to be an absolute contraindication to the placement of implants. Per reference mentioned above, "Implant rehabilitations in patients presenting systemic disorders or smoking habits are possible with good outcomes." Also, per medical reference mentioned above, "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." Since dental implants have been found medically necessary for this patient, the request for Prefab Abutment Including Placement for Tooth #23, #24, #25 and #26 is also medically necessary to replace this patient's teeth.

Abutment Supported Porcelain Fused to Metal (PFM) - High Nob for Tooth #23, #24, #25 and #26: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clin Implant Dent Relat Res. 2015 Apr 16. doi: 10.1111/cid. 12346. Long-Term Outcome of Implant Rehabilitations in Patients with Systemic Disorders and Smoking Habits: A Retrospective Clinical Study. Malo P1, de Araujo Nobre M, Goncalves Y, Lopes A.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clin Implant Dent Relat Res. 2015 Apr 16. doi:

10.1111/cid. 12346. Long-Term Outcome of Implant Rehabilitations in Patients with Systemic Disorders and Smoking Habits: A Retrospective Clinical Study. Malo P1, de Araujo Nobre M, Goncalves Y, Lopes A.

Decision rationale: Records reviewed indicate that this patient has began to take better care of his teeth and his oral hygiene has improved. The literature reviewed by this reviewer indicates that smoking is a risk factor for implant failures, but it is not found to be an absolute contraindication to the placement of implants. Per reference mentioned above, "Implant rehabilitations in patients presenting systemic disorders or smoking habits are possible with good outcomes." Also, per medical reference mentioned above, "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." Since dental implants have been found medically necessary for this patient, the request for Abutment Supported Porcelain Fused to Metal (PFM) - High Nob for Tooth #23, #24, #25 and #26 is also medically necessary to replace this patient's teeth.

Bone Graft, Implant Placement Tooth #26: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics Guidelines for the Diagnosis and Treatment of Periodontal Diseases. Minneapolis (MN): HealthPartners Dental Group; 2011 Dec 9, 37p

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 of AME Dentist report dated 12/12/14 states that patient has suffered injuries to teeth #4, 5, 6, 9, 12 and 23-28 as well as fracturing of his upper removable partial denture, on an industrial basis. AME Dentist further recommends replacement of the missing teeth he suffered as a result of his industrial injury and patient to be evaluated by an expert in TMJ dysfunction. Per medical reference mentioned above, "Ridge preservation techniques are effective in minimizing post-extraction alveolar ridge contraction" 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." Therefore, the request for a bone graft is medically necessary to provide bone augmentation prior to implant placement.