

Case Number:	CM15-0100057		
Date Assigned:	06/05/2015	Date of Injury:	04/17/2009
Decision Date:	10/08/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/26/2015

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 53-year-old female sustained an industrial injury on 4/17/09. She subsequently reported right shoulder pain. Diagnoses include dental caries, osteoarthritis of the TMJ and traumatic injury to the teeth, mandible, and face. Treatments to date include x-ray and salivary flow testing, teeth cleanings and prescription pain medications. The injured worker continues to experience headaches, right sided facial pain and oral/ dental issues. Upon examination, qualitative changes in saliva and acidic oral environment were noted. Testing revealed internal derangements of the bilateral TMJ upon translation and lateral movements of the mandible. Fractures of teeth, missing teeth and bacterial biofilm deposits on the teeth were noted. A request for Endodontic Therapy (Teeth #29, & #30), Post & Core (Teeth #29 & #30), Crown (Teeth #11, #14, #15, #29 & #30), Dental Implant (Teeth #12 & #13), Custom Abutment (Teeth #12 & 13), Uncover 2nd Stage Implant Surgery (teeth #12 & #13), Implant Crown (teeth #12 & #13), Periodontal Scaling and Root Plan (4 quadrants), Periodontal Maintenance (every 3 months with topical fluoride therapy) and Occlusal Night Guard with 4-6 follow-up appointment to monitor TMJ was made by the treating physician. Panel QME dental report of [REDACTED] dated 07/16/13 has diagnosed this patient with traumatic injury, craniofacial myofascial pain (mostly resolved), aggravated parafunctional activities, past xerostomia (clinically insignificant and now considered to be resolved). [REDACTED] states that all of the past or present missing teeth decayed infected broken down worn teeth or repaired teeth are all considered to be non-industrially related except for the decayed teeth #15 and #30, and the fractured teeth #11, 14, 15 and 28. [REDACTED] also diagnosed patient with periodontitis and internal derangement in the right TMJ on an

industrial basis. On radiographic findings, teeth #12 and 13 were missing and there was a bridge that was noted spanning from #11 to #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endodontic Therapy (Teeth #29, & #30): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed and Panel QME dental report of [REDACTED] dated 07/16/13 has diagnosed this patient with traumatic injury, craniofacial myofascial pain (mostly resolved), aggravated parafunctional activities, past xerostomia (clinically insignificant and now considered to be resolved). [REDACTED] states that all of the past or present missing teeth decayed infected broken down worn teeth or repaired teeth are all considered to be non-industrially related except for the decayed teeth #15 and #30, and the fractured teeth #11, 14, 15 and 28. [REDACTED] also diagnosed patient with periodontitis and internal derangement in the right TMJ on an industrial basis. On radiographic findings, teeth #12 and 13 were missing and there was a bridge that was noted spanning from #11 to #15. Treating dentist is recommending endodontic therapy teeth #29 and 30. However, there are insufficient documentation and/or X-rays in the records provided regarding tooth #29. Absent further detailed documentation and clear rationale, the medical necessity for this 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 for this request. This reviewer recommendation is not medically necessary at this time.

Post & Core (Teeth #29 & #30): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed and Panel QME dental report of [REDACTED] dated 07/16/13 has diagnosed this patient with traumatic injury, craniofacial myofascial pain (mostly resolved), aggravated parafunctional activities, past xerostomia (clinically insignificant and now considered to be resolved). [REDACTED] states that all of the past or present missing teeth decayed infected broken down worn teeth or repaired teeth are all considered to be non-industrially

related except for the decayed teeth #15 and #30, and the fractured teeth #11, 14, 15 and 28. [REDACTED] also diagnosed patient with periodontitis and internal derangement in the right TMJ on an industrial basis. On radiographic findings, teeth #12 and 13 were missing and there was a bridge that was noted spanning from #11 to #15. Treating dentist is recommending Post & Core (Teeth #29 & #30). However, there are insufficient documentation and/or X-rays in the records provided regarding tooth #29. Absent further detailed documentation and clear rationale, the medical necessity for this 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 for this request. This reviewer recommendation is not medically necessary at this time.

Crown (Teeth #11, #14, #15, #29 & #30): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed and Panel QME dental report of [REDACTED] dated 07/16/13 has diagnosed this patient with traumatic injury, craniofacial myofascial pain (mostly resolved), aggravated parafunctional activities, past xerostomia (clinically insignificant and now considered to be resolved). [REDACTED] states that all of the past or present missing teeth decayed infected broken down worn teeth or repaired teeth are all considered to be non-industrially related except for the decayed teeth #15 and #30, and the fractured teeth #11, 14, 15 and 28. [REDACTED] also diagnosed patient with periodontitis and internal derangement in the right TMJ on an industrial basis. On radiographic findings, teeth #12 and 13 were missing and there was a bridge that was noted spanning from #11 to #15. Treating dentist is recommending Crown (Teeth #11, #14, #15, #29 & #30). However, there are insufficient documentation and/or X-rays in the records provided regarding tooth #29. Absent further detailed documentation and clear rationale, the medical necessity for this 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 for this request. This reviewer recommendation is not medically necessary at this time.

Dental Implant (Teeth #12 & #13): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and Panel QME dental report of [REDACTED] dated 07/16/13 has diagnosed this patient with traumatic injury, craniofacial myofascial pain (mostly resolved), aggravated parafunctional activities, past xerostomia (clinically insignificant and now

considered to be resolved). [REDACTED] states that all of the past or present missing teeth decayed infected broken down worn teeth or repaired teeth are all considered to be non-industrially related except for the decayed teeth #15 and #30, and the fractured teeth #11, 14, 15 and 28. [REDACTED] also diagnosed patient with periodontitis and internal derangement in the right TMJ on an industrial basis. On radiographic findings, teeth #12 and 13 were missing and there was a bridge that was noted spanning from #11 to #15. Treating dentist is recommending Dental Implant (Teeth #12 & #13). Per reference mentioned above, "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, based on the records reviewed, medical references and findings mentioned above, this reviewer finds this request for Dental Implant (Teeth #12 & #13) medically necessary to properly repair and replace this patient's teeth and restore her chewing ability.

Custom Abutment (Teeth #12 & 13): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and Panel QME dental report of [REDACTED] dated 07/16/13 has diagnosed this patient with traumatic injury, craniofacial myofascial pain (mostly resolved), aggravated parafunctional activities, past xerostomia (clinically insignificant and now considered to be resolved). [REDACTED] states that all of the past or present missing teeth decayed infected broken down worn teeth or repaired teeth are all considered to be non-industrially related except for the decayed teeth #15 and #30, and the fractured teeth #11, 14, 15 and 28. [REDACTED] also diagnosed patient with periodontitis and internal derangement in the right TMJ on an industrial basis. On radiographic findings, teeth #12 and 13 were missing and there was a bridge that was noted spanning from #11 to #15. Treating dentist is recommending Custom Abutment (Teeth #12 & 13). Per reference mentioned above, "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, based on the records reviewed, medical references and findings mentioned above, this reviewer finds this request for Dental Implant and Custom Abutment (Teeth #12 & 13) medically necessary to properly repair and replace this patient's teeth and restore her chewing ability.

Uncover 2nd Stage Implant Surgery (teeth #12 & #13): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and Panel QME dental report of [REDACTED] dated 07/16/13 has diagnosed this patient with traumatic injury, craniofacial myofascial pain (mostly resolved), aggravated parafunctional activities, past xerostomia (clinically insignificant and now considered to be resolved). [REDACTED] states that all of the past or present missing teeth decayed infected broken down worn teeth or repaired teeth are all considered to be non-industrially related except for the decayed teeth #15 and #30, and the fractured teeth #11, 14, 15 and 28. [REDACTED] also diagnosed patient with periodontitis and internal derangement in the right TMJ on an industrial basis. On radiographic findings, teeth #12 and 13 were missing and there was a bridge that was noted spanning from #11 to #15. Treating dentist is recommending Uncover 2nd Stage Implant Surgery (teeth #12 & #13). Per reference mentioned above, "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, based on the records reviewed, medical references and findings mentioned above, this reviewer finds this request for Uncover 2nd Stage Implant Surgery (teeth #12 & #13) medically necessary to properly repair and replace this patient's teeth and restore her chewing ability.

Implant Crown (teeth #12 & #13): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and Panel QME dental report of [REDACTED] dated 07/16/13 has diagnosed this patient with traumatic injury, craniofacial myofascial pain (mostly resolved), aggravated parafunctional activities, past xerostomia (clinically insignificant and now considered to be resolved). [REDACTED] states that all of the past or present missing teeth decayed infected broken down worn teeth or repaired teeth are all considered to be non-industrially related except for the decayed teeth #15 and #30, and the fractured teeth #11, 14, 15 and 28. [REDACTED] also diagnosed patient with periodontitis and internal derangement in the right TMJ on an industrial basis. On radiographic findings, teeth #12 and 13 were missing and there was a bridge that was noted spanning from #11 to #15. Treating dentist is recommending Implant Crown (teeth #12 & #13). Per 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 injuries." Therefore, based on the records reviewed, medical references and findings

mentioned above, this reviewer finds this request for Implant Crown (teeth #12 & #13) medically necessary to properly repair and replace this patient's teeth and restore her chewing ability.

Periodontal Scaling and Root Plan (4 quadrants): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer 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. J Periodontol 2011 Jul; 82(7): 943-9. [133 references].

Decision rationale: Records reviewed indicate that patient has been diagnosed with periodontitis and decayed teeth on an industrial basis. Per medical reference mentioned above, "Removal of supra- and subgingival bacterial plaque biofilm and calculus by comprehensive, meticulous periodontal scaling and root planning" are part of the treatment plan for periodontal therapy (J Periodontol 2011). Since this patient has been diagnosed with periodontitis, this reviewer finds this request for Periodontal Scaling and Root Plan (4 quadrants) to be medically necessary to prevent further teeth decay in this patient.

Periodontal Maintenance (every 3 months with topical fluoride therapy): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer 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. J Periodontol 2011 Jul; 82(7): 943-9. [133 references].

Decision rationale: Records reviewed indicate that patient has been diagnosed with periodontitis and decayed teeth on an industrial basis. However, even though periodontal cleaning maybe medically necessary for this patient at this time, but an indefinite request for every 3 months with topical fluoride therapy is not medically necessary. First, there must be a dental re-evaluation performed to determine any ongoing needs. Per reference mentioned above, "periodontal evaluation and risk factors should be identified at least on an annual basis".

Occlusal Night Guard with 4-6 follow-up appointment to monitor TMJ: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Panel QME dentist [REDACTED] has diagnosed patient with internal derangement in the right TMJ on an industrial basis. Treating dentist is recommending occlusal night guard with 4-6 follow up appointments to monitor TMJ and states this will sever the dual purpose of protecting the teeth and restoration dentistry and protection of the muscle of mastication and the TMJ. Patient clenches and grinds her teeth because of her industrial injury. Per medical reference mentioned above, "Occlusal splints are generally appreciated to prevent tooth wear and injury and perhaps reduce night time clenching or grinding behavior rather than altering a causative malocclusion. In addition, they are unlikely to significantly reducing nocturnal behavior. The type of appliance that has been studied and suggested as helpful in managing the consequences of nocturnal bruxism is the flat-planed stabilization splint, also called an occlusal bite guard, bruxism appliance, bite plate, and night guard." Also, per ODG reference mentioned above, "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged." Therefore based on the records reviewed, medical reference and findings mentioned above, this reviewer finds this request for Occlusal Night Guard with 4-6 follow-up appointment to monitor TMJ to be medically necessary to prevent further tooth wear from the clenching and grinding behavior in this patient.