

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/9/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/26/2013
Date of Injury:	12/29/2006
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004884

- 1) MAXIMUS Federal Services, Inc. has determined the request for dental surgery **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 dental surgery **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in 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.

Expert Reviewer Case Summary:

The female patient suffered a work related injury resulting in damage to her cervical spine as well as her temporomandibular jaw (TMJ). The patient has been denied services of osseous surgery in all four quadrants of the mouth and is no in the process of appeal. The records provided for review include documentation and assessment of the patient's TMJ condition yet no information is present regarding her periodontal condition outside of a comment by [REDACTED], DDS, AME, QME stating that the patient has periodontal disease and that the maxillary left molars are ranging in the 8mm pocket range in his report dated September 1, 2012. There is no periodontal diagnosis in the records provided, no radiographic images, no periodontal probings or measures of periodontal attachment loss, and no record of non surgical periodontal therapy.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for dental surgery :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Color Atlas of Periodontology, Klaus H et al., 12/30/2004, which is not a part of the 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 the following articles: (1) Sanz, I., et al., Nonsurgical treatment of periodontitis. The journal of evidence-based dental practice, 2012. 12(3 Suppl): p. 76-86.; (2) Greenwell, H., Position paper: Guidelines for periodontal therapy. Journal of periodontology, 2001. 72(11): p. 1624-8.; and (3) Armitage, G.C., Diagnosis of periodontal diseases. Journal of periodontology, 2003. 74(8): p. 1237-47.

Rationale for the Decision:

There are no periodontal indices provided, no recording of the amount of attachment loss throughout the mouth, no radiographic examination, no periodontal diagnosis, and no evidence in the records provided for review of any attempt of scaling and root planing prior to a surgical approach. The articles referenced in the previous section indicate that this information is necessary to determine medical necessity. **The request for dental surgery 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,

Paul Manchester, MD, MPH
Medical Director

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

/dso

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.