

Case Number:	CM13-0010453		
Date Assigned:	11/06/2013	Date of Injury:	11/06/2012
Decision Date:	01/15/2014	UR Denial Date:	06/25/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed 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 disputed items/services. 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 patient, [REDACTED], is a male born [REDACTED], who suffered a work related injury on 11/6/12. The current request for therapy includes certification for a Nocturnal Obstructive Airway Oral Appliance, Musculoskeletal Trigeminal Appliance for daytime use, periodontal scaling treatments, and a request for treatment of a decayed teeth. All 950 pages of documentation were reviewed. There are multiple duplicate copies within the 950 pages. Within the documentation there is no evidence of periodontal probings, no radiographic images for review, and no history of a sleep study nor utilization of a Continuous Positive Airway Pressure (CPAP) appliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nocturnal Obstructive Airway Oral Appliance: 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 Randerath WJ, Verbraecken J, Andreas S, et al. Non-CPAP therapies in obstructive sleep apnoea. Eur Respir J 2011;37:1000-1028. And Gagnadoux F, Fleury B Vielle B, et al. Titrated mandibular advancement versus positive airway pressure for sleep apnoea. Eur Respir

Decision rationale: As stated in the previous denial letter and within the medical and dental literature the utilization of an oral appliance in the treatment of sleep apnea or nocturnal obstructive airway is an acceptable alternative in patients who do not tolerate CPAP therapy. The patient is yet to have attempted CPAP therapy according to the records provided and there have been no sleep studies showing the patient's attempt to do so. The above listed issue is/was not medically necessary.

Musculoskeletal Trigeminal Appliance for daytime use: 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 De Rossi SS, Stern I, Sollecito TP. Disorders of the masticatory muscles. Dent Clin North Am 2013;57:449-464

Decision rationale: Based upon the reported subjective remarks of the patient and the clinical exam performed by Dr. [REDACTED] there is sufficient evidence to support the requested therapy. I am reversing the prior UR decision. My decision is that the issue listed above is medically necessary. The reasons for reversing the prior UR decision is listed in this section

Periodontal Scaling Treatments every three months: 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 Armitage GC, Cullinan MP. Comparison of the clinical features of chronic and aggressive periodontitis. Periodontol 2000 2010;53:12-27.

Decision rationale: Despite the diagnosis given by Dr. [REDACTED] there is no documentation provided that indicates clinical probing measurements, clinical attachment levels, nor radiographs. There is insufficient documentation to support this therapy. The above listed issue is/was not medically necessary.

treatment for Decayed Abscessed/and or fractured teeth: Upheld

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

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

Decision rationale: There is insufficient documentation provided to support this therapy as there are no radiographs showing any of the teeth nor any presence of decay. The above listed issue is/was not medically necessary.

