

<b>Case Number:</b>	CM13-0016859		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 and is licensed to practice in Texas. 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 is a 37-year-old female who reported an injury on 05/16/2013. The mechanism of injury was noted to be a fall down stairs. The patient was noted to have sustained injuries to her left hand, neck, left elbow and forearm, left wrist and hand, left hip and thigh, right knee, left knee and leg, left ankle and foot, left clavicle, upper and lower back, and her left shoulder and arm. She was also stated to have developed sleep disturbances as a result of her pain. It was also noted that the patient developed emotional stressors when lead to her clenching her teeth and bracing her facial musculature. This has caused the patient to develop facial and jaw pain. Her subjective complaints were noted as facial pain and headaches as well as soreness of her teeth upon waking in the morning. Objective findings were noted to include myofascial pain of the left masseter muscle and wear on the surfaces of the patient's anterior teeth. Her diagnoses were listed as trauma to teeth and aggravated periodontal disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Periodontal scaling treatment every three months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Stress and the progression of periodontal disease" in the

Journal of Clinical Periodontology, 23: 675-680, as well as an article "Routine scale and polish for periodontal health in adults" in the Cochrane Database of Systematic Reviews, Issue 11, Article No CD004

**Decision rationale:** The results from a study titled "Stress and the Progression of Periodontal Disease" from the Journal of Clinical Periodontology, showed that occupational stress may have a relationship to the progression of periodontitis. A Cochrane oral health group study on routine scale and polish for periodontal health in adults determined that 3 month treatments produced better results than annual treatments. However, the study also noted that scaling is an invasive procedure and is associated with a number of adverse effects, including damage to tooth surfaces and tooth sensitivity. It further stated that none of the studies in the review reported on patient-centered outcomes, such as quality of life or economic outcomes. With the lack of clear recommendations regarding routine scaling and polishing for periodontal care or the recommended frequency, the request is not supported at this time. Therefore, the request is non-certified.