

<b>Case Number:</b>	CM13-0018066		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/14/2002
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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 Board Certified in Family Practice, 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 52 year old female who reported an injury on 5/14/02. The mechanism of injury was not provided in the medical records. She has a history of cervical spine related complaints and wishes to proceed with surgery. She was seen on 9/26/13 for periodontal maintenance. Her findings include most probing depths within normal limits, acceptable oral hygiene, and 4mm pockets in the number 18 and 19 areas.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 REFERRAL FOR PERIODONTAL MAINTENANCE TWICE A YEAR: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinic guidelines for the diagnosis and treatment of periodontal diseases. Minneapolis (MN): HealthPartners Dental Group; 2011 Dec 9. 37 p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: For The Dental Patient: Treating periodontal disease. JADA. 2005 Jan; 136; 127.

**Decision rationale:** The Journal of the American Dental Association states that the goal of follow-up care after periodontal therapy is to preserve the function of individual teeth and the

dentition, ameliorate symptoms, and simplify future surgery or make it unnecessary. Given the guideline recommendation, one referral would be supported to allow for adequate interval assessment and preventative care. However, the request is for treatment twice a year. The request is excessive in nature. Given the above, the request is non-certified.