

Case Number:	CM13-0021878		
Date Assigned:	03/26/2014	Date of Injury:	10/24/2007
Decision Date:	10/10/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/09/2013

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 Otolaryngology, 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 injured worker is a 36 year old female who had date of injury of 10/24/0. There was no clinical information submitted detailing mechanism of injury, treatment, prior dental treatment. Diagnoses include cervical discopathy/radiculopathy, lumbar discopathy, and bilateral shoulder impingement. Prior utilization review, dated 08/21/13, non-certified current requests for retro fabrication of obstructive airway oral appliance, musculoskeletal trigeminal appliance and retro perioperative full mouth scaling/debridement of gum infection/inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: fabrication of obstructive airway oral appliance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aetna.com/cpb/dental/data/DCPB0018.html> last updated 12/4/2012 Obstructive Sleep Apnea, Dental Policy Bulletin Number: 018

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: B. Nugala, Bb Santosh Kummar. Biologic Width And Its Importance In Periodontal And Restorative Dentistry. Conserve Dent 2012 Jan-Mar, 15(1): 12-17

Decision rationale: The request for retro: fabrication of obstructive airway oral appliance is not medically necessary. The clinical information available for review did not indicate a need for this particular request. The medical records available for review only referenced the injured worker's diagnoses that included cervical discopathy/radiculopathy, lumbar discopathy, and bilateral shoulder impingement. Therefore, medical necessity cannot be established.

Retro: fabrication of musculoskeletal trigeminal appliance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.aetna.com/cpb/dental/data/DCPB0019.html> last updated 6/05/2012, Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD), Dental Policy Bulletin Number: 019

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: B. Nugala, Bb Santosh Kummar. Biologic Width And Its Importance In Periodontal And Restorative Dentistry. J Conserv Dent 2012 Jan-Mar, 15(1): 12-17

Decision rationale: The request for retro: fabrication of musculoskeletal trigeminal appliance is not medically necessary. The clinical information available for review did not indicate a need for this particular request. The medical records referenced only issues regarding the injured worker's diagnoses of cervical discopathy/radiculopathy, lumbar discopathy, and bilateral shoulder impingement. Therefore, medical necessity cannot be established.

Retro: perioperative full mouth scaling/debridement of gum infections/inflammation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.aetna.com/cpb/dental/data/DCPB0008.html> last updated 5/21/2012, Full mouth debridement, Dental Policy Bulletin Number: 008

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: B. Nugala, Bb Santosh Kummar. Biologic Width And Its Importance In Periodontal And Restorative Dentistry. J Conserv Dent 2012 Jan-Mar, 15(1): 12-17

Decision rationale: The request for retro: perioperative full mouth scaling/ debridement of gum infections/inflammation is not medically necessary. The clinical information available for review did not indicate a need for this particular request. The medical records referenced only issues regarding the injured worker's diagnoses of cervical discopathy/radiculopathy, lumbar discopathy, and bilateral shoulder impingement. Therefore, medical necessity cannot be established.