MAXIMUS Federal Services

Case Number:	CM13-0024281		
Date Assigned:	03/14/2014	Date of Injury:	08/08/2001
Decision Date:	08/11/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/13/2013

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 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:

This is a 49-year-old female with an 8/8/01 date of injury. She was injured when she fell off a chair. On 7/12/13, a progress note indicated the patient had Class II/III periodontal disease with good oral hygiene, missing teeth, and dental caries. She had generalized pain in her upper arch. Radiographic and photographic reports were not included in the reviewed data. An office visit note from 2/18/13 indicates the patient is on extensive narcotic medication, including Fentora 800 mcg buccal tablets, Abstral 600 mcg tab, Oxycodone, Fioricet, Soma, and Oxycontin. In addition, it was documented on her dental exam that it is not clear that the patient's diagnosed treatment is 100% related to her industrial injury as it is noted that she has a history of taking multiple prescription pain medications regularly dating back approximately 8-9 years before the work injury. The diagnostic impression was dental caries, xerostomia, partial edentulism, and periodontitis. The patient's treatment to date was medication management. A UR decision dated 8/21/13 denied the request for deep cleaning, periodontal maintenance, top fluoride varnish, periodontal maintenance/fix 4 times a year and tooth-colored fillings due to lack of sufficient information including a radiographic report consistent with the clinical findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

DEEP CLEANING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American Dental Association (ADA) Dental Practice Parameters Online. http://www.ada.org.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS http://www.aetna.com/docfind/cms/assets/pdf/emory/2014_Dental_Maintenance_Organization_Benefit_Summaries_En.pdf.

Decision rationale: The California MTUS and ODG do not address this issue. AETNA Dental Benefits supports periodontal debridement and maintenance. However, there is lack of documentation of periodontal pockets or attachment levels. The patient is not clearly noted to have periodontal disease, and in fact, is noted to have good oral hygiene. In addition, the quantity of deep cleaning sessions being requested is not documented. Therefore, the request for deep cleaning was not medically necessary.

PERIODONTAL MAINTENANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American Dental Association (ADA) Dental Practice Parameters Online. http://www.ada.org.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS http://www.aetna.com/docfind/cms/assets/pdf/emory/2014_Dental_Maintenance_Organization_Benefit_Summaries_En.pdf.

Decision rationale: The California MTUS and ODG do not address this issue. AETNA Dental Benefits Summary supports periodontal maintenance. However, there is lack of documentation of periodontal disease by pocket depths or attachment levels. Furthermore, the dentist's assessment is that the patient has good oral hygiene. In addition, the frequency of periodontal maintenance was not noted. Therefore, the request for Periodontal Maintenance was not medically necessary.

TOP FLUORIDE VARNISH: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American Dental Association (ADA) Dental Practice Parameters Online. http://www.ada.org.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS http://www.aetna.com/docfind/cms/assets/pdf/emory/2014_Dental_Maintenance_Organization_Benefit_Summaries_En.pdf.

Decision rationale: The California MTUS and ODG do not address this issue. AETNA Dental Benefits Summary supports application of topical fluoride varnish. There is documentation the patient does have dental decay. In addition, her diagnosis of xerostomia puts the patient at higher risk of further dental decay. Fluoride varnish prevents dental decay. Therefore, the request for Top Fluoride Varnish was medically necessary.

PERIODONTAL MAINTENANCE FLX 4 X PER YEAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American Dental Association (ADA) Dental Practice Parameters Online. http://www.ada.org.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS http://www.aetna.com/docfind/cms/assets/pdf/emory/2014_Dental_Maintenance_Organization_Benefit_Summaries_En.pdf.

Decision rationale: The California MTUS and ODG do not address this issue. AETNA Dental Benefits supports periodontal maintenance. However, there is no documentation of periodontal disease with evidence of pocket depths and attachment levels. In addition, the request for a periodontal treatment for 1 year is excessive. Therefore, the request for periodontal maintenance FLX 4 x per year was not medically necessary.

TOOTH COLORED FILLING FOR #6, 7, 8, 9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American Dental Association (ADA) Dental Practice Parameters Online. http://www.ada.org.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS http://www.aetna.com/docfind/cms/assets/pdf/emory/2014_Dental_Maintenance_Organization_Benefit_Summaries_En.pdf.

Decision rationale: The California MTUS and ODG do not address this issue. AETNA Dental Benefits supports fillings. Although there is documentation that there is decay present, the specific surfaces of the teeth where decay is present has not been demonstrated. Further information including the exact location on the surface of the tooth that the decay is present would be necessary to substantiate this request. Therefore, the request for Tooth-colored filling for #6, 7, 8, and 9 was not medically necessary.