MAXIMUS Federal Services

Case Number:	CM13-0027901		
Date Assigned:	11/22/2013	Date of Injury:	09/21/2007
Decision Date:	02/14/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine 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 physician 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 54-year-old male who reported a work related injury on 09/21/2007, the specific mechanism of injury not stated. The patient currently presents for treatment of the following diagnosis: aggravated periodontal disease. Clinical notes evidence the patient presents also with diagnoses of morbid obesity and diabetes. The clinical notes document the patient utilizes amlodipine, atenolol, Ativan, atorvastatin, chlorthalidone, Ecotrin, estazolam, losartan, metformin, NovoLog, Percocet, Plavix, Prevacid, Robaxin, sucralfate, Wellbutrin, and Zoloft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Immediate emergency medical treatment of an 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 Milliman Care Treatment Guidelines 2012.

Decision rationale: The provider documents the patient required immediate emergency medical treatment. The provider documented treatment rendered included an obstructive airway oral appliance for nocturnal obstructions of the airway, periodontal scaling treatments to be performed every 3 months as per standard of care. The clinical notes failed to document the

patient underwent specific sleep study/polysomnography study to support objectively that the patient presents with a necessity for the requested obstructive airway oral appliance. California MTUS/ACOEM and Official Disability Guidelines do not specifically address; however, Milliman Care Guidelines indicate specific criteria for the requested oral appliance, to include sufficient dentition to allow for retention of appliance, no active periodontal disease or dental decay, no active temporomandibular joint disorder, the patient is intolerant of a CPAP, the patient refuses CPAP, no restriction in mandibular opening or protrusion. The clinical notes document the patient presents with periodontal disease as well as complaints of TMJ. Given the lack of objective evidence of a sleep study/polysomnography study evidencing the severity of the patient's sleep apnea as well as the patient presenting with periodontal disease and TMJ diagnoses, the request for immediate emergency medical treatment of an obstructive airway oral appliance is not medically necessary nor appropriate.