

Case Number:	CM13-0029136		
Date Assigned:	06/06/2014	Date of Injury:	05/24/2013
Decision Date:	09/09/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	07/29/2013

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 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:

The patient whom is a 62 year old female states, that while she was working as a bank manager for [REDACTED], on 05/24/13, she was walking into her office when she accidentally slipped on debris on the floor left by an employee. When she tripped, she fell forward onto the hard tile floor. First, her knees hit the floor and then she kept falling forward and landed on her face, primarily on the right side. Ms. [REDACTED] that the impact caused a laceration on her upper lip, which required 9 stitches. She states, that she was immediately covered in blood after the accident. She states, that she had immediate pain in her face, mouth and teeth, but the major pain was in her upper right teeth. She states that she had an immediate lump on her face and upper lip (patient points to upper right maxilla opposite the upper right teeth #s 6 and 7). She states, that she also sustained an abrasion to the anterior portion of her upper lip just to the right of the midline, at the vermilion border, and a contusion to the right side of the face (patient points to the area of the right zygomatic arch). She states, that this caused a bruise, discoloration and swelling. Treating dentist Dr. [REDACTED] Objective Factors and Findings: Normal range of motion of the jaw of 55 mm, Severe malocclusion characterized by Class II skeletal malocclusion, Class II cuspid relation, with an extensive 7 mm overbite and a severe 9 mm overjet, with mandibular anterior crowding. Clinical Exam: Inflamed, erythematous and swollen tissues beneath the maxillary partial denture, Fractured tooth syndrome, teeth #s 6, 12, and 14, Moderate to severe generalized pain to the maxillary teeth with widening of the periodontal ligament spaces, Pain to percussion and palpation on teeth #s 6, 7, 10, 11, 12, and 14, Pain to cold on teeth #s 7, 10, 11, 12, and 14, Negative pulp test response on tooth #6, Periodontal probing tests indicating maxillary dentition with generalized 4-5 mm periodontal pocketing, with localized 7 mm pocketing, and generalized 3-4 mm periodontal pocketing with localized 5-6 mm periodontal pocketing in the mandibular dentition, with moderate to severe

gingival recession. There is 1 degree of mobility on teeth #s 10, 11, 12, 14, 17, 25, and 31, and 2 degrees of mobility on teeth #s 6, 7, 23, and 24. Intraoral Periapical Radiographs: Widening of the periodontal ligament spaces on teeth #s 6, 7, 10, 11, and 12. Treating dentist Dr. [REDACTED] has diagnosed this patient with the following on 07/10/13: Contusion to the teeth/dental trauma, maxillary dentition and mandibular anterior teeth #s 24 and 25 (920.0), Fractured teeth, #s 6, 12, and 14 (873.73), Contusion/trauma to teeth #s 6, 7, 10, 11, 12, and 14 (920.0), Chronic generalized periodontitis (523.4), Chronic periapical periodontitis, tooth #6 (522.6), Malocclusion characterized by severe 7 mm overbite and severe 9.5 mm overjet with Class II skeletal relation (524.4), Slight click/pop in the right TM joint with electrosonography tests (524.6), Clenching/bruxism (306.8).

IMR ISSUES, DECISIONS AND RATIONALES

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

Night Guard Appliance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Regence Group Dental Policy, Adjunctive General Services Policy No: 59, Cummings: Otolaryngology: Head & Neck Surgery, 4th ed, Mosby, Inc, page(s) 1565-1568, Treatment of TMJ Myofascial Pain Dysfunction Syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bruxism Management, Appliance Therapy, Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA.

Decision rationale: Based on the objective dental findings and medical reference mentioned above, this request for a night guard, is to be medically necessary to prevent tooth wear and the control myofascial pain symptoms secondary to diagnosis of bruxism.

Amoxicillin #4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dental Infections in Emergency Medicine Medication. Author: Lynnus F Peng, MD; Chief Editor: Barry E Brenner, MD, PHD, FACEP.

Decision rationale: Treating dentist has found periapical infection of tooth #6, therefore, per reference cited above, Amoxicillin is medically necessary to treat this infection.

Hydrocodone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Management in Dentistry. Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA.

Decision rationale: The treating dentist has not specified the amount and duration of time that this patient should be treated with Hydrocodone. Therefore, it is found that Hydrocodone is not medically necessary at this time.

Waterpik for home care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Nonsurgical Periodontal Therapy, Drisko CH, <http://www.ncbi.nlm.nih.gov/pubmed/11155183> Periodontal 2000. 2001; 25:77-88.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Clin Dent. 2005;16(3):71-7 Comparison of irrigation to floss as an adjunct to tooth brushing: effect on bleeding, gingivitis, and supragingival plaque. Barnes CM1, Russell CM, Reinhardt RA, Payne JB, Lyle DM.

Decision rationale: As concluded in the above mentioned citation from PubMed: "The results of this clinical trial indicate that when combined with manual or sonic tooth brushing, oral irrigation is an effective alternative to manual tooth brushing and dental floss for reducing bleeding, gingival inflammation, and plaque removal." Therefore the waterpick is not found to be more effective than flossing in reducing bleeding, gingival inflammation and plaque removal. It is found to be an acceptable alternative to flossing. The records provided do not indicate why this patient cannot use a floss, and why a Waterpick is recommended over flossing. This IMR reviewer finds this request for a Waterpick not medically necessary at this time.

Dental restorative treatment on the mandibular arch with placement of mandibular removable partial denture plus surgical correction of mandibular dehiscence on teeth #24 and #25, 2 quadrants of periodontal scaling, root planing and fabrication of a replacement mandibular partial denture is medically: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Head, The Regence Group Dental Policy, Miscellaneous Section, Dental Accident.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG Head.

Decision rationale: In this case, the claimant has a severe class II malocclusion with mandibular anterior crowding, a severely deep overbite of 7 mm, and a severe overjet of 9.5 mm. The provider has recommended, new mandibular partial denture, in order to correct the occlusion and stabilize the maxillary fixed prosthesis. The claimant also has moderate bone loss in the labial aspect of teeth numbers 24 and 25, with 7 mm labial recession on tooth #7 with dehiscence, and labial recession of 4 mm on tooth #25, and a labial dehiscence on tooth #24. Per

references cited above; Dental restorative treatment on the mandibular arch, with placement of mandibular, removable partial denture plus surgical correction of mandibular dehiscence on teeth #24 and #25, 2 quadrants of periodontal scaling, root planing is medically necessary.