

Case Number:	CM13-0030941		
Date Assigned:	12/04/2013	Date of Injury:	08/01/2006
Decision Date:	01/24/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/02/2013

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 a Dentist 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.

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 claimant is a 51-year-old male with a reported date of injury from 2005 to 08/28/2007. He was seen for evaluation on 12/01/2009. On 11/01/2006 he was involved in an industrial accident. Apparently as the result of repetitive lifting, pushing, and pulling. It was reported that he experiences speech dysfunction where his speech impairments are of indistinct articulation in hoarseness and a "cotton mouth" effect caused by dryness. He returned for comprehensive evaluation on 09/08/2013 and reported a fascial rash at that time. Neck pain was rated at 4/10 to 8/10 and he also had right ankle pain and had undergone a left knee surgery with residual pain. Diagnoses include shin fascial rash, cervical spine sprain and strain, rule out cervical radiculopathy, bilateral shoulder sprain and strain, lumbar spine intervertebral syndrome, lumbar radiculopathy, left knee internal derangement, status post left knee surgery, right ankle sprain and strain, anxiety, depression, and sexual dysfunction. The recommended treatment was to provide periodontal maintenance and topical application of fluoride once every 3 months, and an occlusal guard.

IMR ISSUES, DECISIONS AND RATIONALES

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

Periodontal maintenance and topical application of fluoride once every 3 months times 1 year: Upheld

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.
Prosthodontics Section-Fixed Partial Denture: Pontic, Retainer - (inlay/onlay/crown)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Periodontology, Parameter on Periodontal Maintenance.

Decision rationale: MTUS/ACOEM/ODG do not specifically address this issue. The American Academy of Periodontology states, "For most patients with a history of periodontitis, visits at 3-month intervals have been found to be effective in maintaining the established gingival health." My rationale for why this request is not medically necessary is that this request is for periodontal maintenance therapy and topical application of fluoride once every 3 months. While the American Academy of Periodontology does indicate that periodontal maintenance should occur every 3 months for established patients such as this, fluoride applications for claimants such as this should only occur once a year. The current status of this claimant is unknown and the clinical records do not indicate a current clinical exam. Therefore, due to the request exceeding current recommendations, and lack of documentation of a current exam for his lack of documentation of current periodontology exam, this request is not considered medically necessary and is non-certified

Occlusal guard: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Periodontology, Parameter on Periodontal Maintenance.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gen Dent. 2013 May-Jun;61(3):49-54. The occlusal guard: a simplified technique for fabrication and equilibration. Antonelli J, Hottel TL, Siegel SC, Brandt R, Silva G.

Decision rationale: MTUS/ACOEM/ODG do not specifically address this issue. Peer reviewed literature indicates that an occlusal guard can be used effectively to treat myofascial pain originating from parafunctional activities. The most recent records do not indicate this claimant has myofascial pain originating from parafunctional activities and in fact does not indicate a current physical exam at all. Lacking documentation of current myofascial pain that originates from parafunctional activities, the medical necessity of this request has not been demonstrated. Therefore, this request is non-certified.