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| Case Number: | CM13-0041709 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 09/17/2011 |
| Decision Date: | 08/07/2014 | UR Denial Date: | 09/16/2013 |
| Priority: | Standard | Application Received: | 10/15/2013 |

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 is a 62-year-old female who has submitted a claim for abscess of teeth due to a direct trauma to the teeth, and or due to bruxism associated with an industrial injury date of 09/17/2011. Medical records from 2012 to 2013 were reviewed. Patient has industrially decayed and abscessed teeth due to side effect of medications causing qualitative changes in the saliva. This contributed to decay of the teeth. It may likewise be caused by direct trauma to the teeth, or due to industrially-related bruxism, where the excessive pressures placed upon the teeth resulted to micro-fractures within the teeth, causing abscess. Patient has a known bruxism with resultant facial pain. She is using a regular Bruxism appliance at night, which might aggravate potential airway obstruction present. The Diagnostic Autonomic Nervous System Testing that was performed objectively documented that the patient does indeed have heart rate changes due to abnormal sympathetic / parasympathetic activity, which correlates to nocturnal obstructions of the airway that exist. Crepitus noises were palpated and auscultated in the TMJ upon translational and lateral movements of the mandible. Pain was elicited upon palpation of lateral condyle bilaterally and bilateral condylar head via the external auditory meatus. Trigger points and taut bands were observed at bilateral temporalis and masseter. Maximum interincisal opening was 41 mm. Intra-oral examination showed Class I occlusion, overbite of 1 mm, overjet of 1 mm, fractured teeth #7, #8, and #11; and objectively disclosed bacterial biofilm deposits on the teeth and gum tissues. There were teeth indentations / scalloping of the right and left lateral borders of the tongue. Treatment to date has included root canal, Bruxism appliance, and medications. Utilization review from 09/16/2013 denied the request for immediate emergency medical treatment for an obstructive airway oral appliance because there was no documentation of a need for an additional oral appliance beyond the previously distributed model; denied the request for full mouth scaling / surgical debridement (4 quadrants) every three (3) months

because treatment should be rendered only as deemed necessary depending on dental assessment; denied treat teeth as needed to include abscessed teeth require restoration, and/or root canals, and/or crowns, and/or surgical extractions, and/or implants with restoration on top of the implants (to be determined by dentist) and treat teeth as needed to include deteriorated/decayed teeth require restoration, and/or root canals, and/or crowns, and/or surgical extraction, and/or implants with restorations on top of implants to be determined by dentist until more information is provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

IMMEDIATE EMERGENCY MEDICAL TREATMENT FOR AN 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 Non-MTUS Guidelines, HealthPartners Dental Group and Clinics Guidelines. p.37.

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: Oral Appliance Treatment of Obstructive Sleep Apnea: An Update, Curr Opin Pulm Med. 2009;16(6):591-596, <http://www.medscape.com/viewarticle/710387>.

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, an online article was used instead. Oral appliances are an alternative to continuous positive airway pressure (CPAP) for the treatment of obstructive sleep apnea (OSA). Although CPAP is a highly efficacious treatment, there is a need for other treatment options because the clinical effectiveness of CPAP is often limited by poor patient acceptance and tolerance, and suboptimal compliance. In this case, patient is being suspected to have airway obstruction. The Diagnostic Autonomic Nervous System Testing that was performed objectively documenting that the patient does indeed have heart rate changes due to abnormal sympathetic / parasympathetic activity, which correlates to nocturnal obstructions of the airway that exist. Patient likewise has concomitant bruxism, thus, an oral appliance was provided. However, there was no discussion concerning the specific type of treatment planned for suspicious airway obstruction. There was no emergency room report documenting the urgency of her condition. The medical necessity cannot be established due to insufficient information. The request is nonspecific; therefore, the request for Immediate Emergency Medical Treatment Of Obstructive Airway Oral Appliance is not medically necessary.

FULL MOUTH SCALING / SURGICAL DEBRIDEMENT (4 QUADRANTS) EVERY THREE(3) MONTHS.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Guidelines, HealthPartners Dental Group and Clinics Guidelines. p.37.

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: Periodontal (Gum) Disease, <http://www.nidcr.nih.gov/OralHealth/Topics/GumDiseases/PeriodontalGumDisease.htm#howIs>.

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, an online article was used instead. Gingivitis is manifested by erythema, swelling, and bleeding of the gums. When gingivitis is not treated, it can advance to periodontitis in which gums pull away from the teeth and create pockets leading to infection. The main goal of treatment is to control the infection. The number and types of treatment will vary, depending on the extent of infection. It may include deep cleaning (scaling and root planing), medications, and surgery. In this case, patient has decayed and abscessed teeth due to side effect of medications causing qualitative changes in the saliva. This contributed to decay of the teeth. There was an objectively disclosed bacterial biofilm deposits on the teeth and gum tissues. Treatment plan includes surgical extraction of non-restorable abscessed teeth #1 and #17, two-surface composite / bone graft / implant / custom abutment / crown on top of implant of decayed teeth #2 and #5, and root canal, post, and a crown on top of the post of abscessed tooth #11. The medical necessity for full mouth scaling / surgical debridement has been established. However, the present request is for treatment frequency every three months. There is no specified duration that marks the end-point of treatment. There is likewise no discussion concerning the need to certify treatment procedures that will occur every three months. The medical necessity of future treatment should be dependent on regular evaluation and patient's response to the previous procedure. Therefore, the request for Full Mouth Scaling / Surgical Debridement every three months is not medically necessary.

TREAT TEETH AS NEEDED TO INCLUDE ABSCESED TEETH REQUIRE RESTORATION, AND/OR ROOT CANALS, AND/OR CROWNS, AND/OR SURGICAL EXTRACTIONS, AND/OR IMPLANTS WITH RESTORATION ON TOP OF THE IMPLANTS (TO BE DETERMINED BY DENTIST): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

TREAT TEETH AS NEEDED TO INCLUDE DETERIORATED/DECAYED TEETH REQUIRE RESTORATION, AND/OR ROOT CANALS, AND/OR CROWNS, AND/OR SURGICAL EXTRACTION, AND/OR IMPLANTS WITH RESTORATIONS ON TOP OF IMPLANTS TO BE DETERMINED BY DENTIST.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.