

Case Number:	CM13-0044950		
Date Assigned:	12/27/2013	Date of Injury:	04/16/2013
Decision Date:	03/17/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/30/2013

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 Dentistry, 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 32-year-old female who reported an injury on 04/16/2013. The patient was reportedly walking near a construction fence when it fell and struck her on the left side of her face. The patient is currently diagnosed with cervical spine strain, bilateral shoulder pain and dysfunction, bilateral shoulder bursitis and impingement, lumbar spine strain, headaches, and ear and jaw problems. The patient was seen by [REDACTED] on 10/21/2013. The patient reported teeth clenching, facial and jaw pain, and dry mouth. Physical examination revealed teeth indentations/scalloping of the right and left lateral borders of the tongue, swelling of the gum tissues, bacterial biofilm deposits on the teeth and gum tissues, and periodontal bone loss. Treatment recommendations included authorization for scaling of all 4 quadrants to be performed as needed every 3 months.

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 musculoskeletal trigeminal oral appliance:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Comprehensive Periodontal Therapy; a statement by the American Academy of Periodontology."

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

Decision rationale: The Official Disability Guidelines indicate that dental trauma treatment is recommended. The Official Disability Guidelines utilize the International Association for Dental Traumatology, which has developed guidelines for the evaluation and management of traumatic dental injuries. According to the documentation submitted, the employee sustained facial trauma on 04/16/2013. While it is noted that the employee complains of clenching and grinding of the teeth with facial and jaw pain, there is no indication that the employee has received any initial treatment for the facial and jaw injuries. There is no documentation of a failure to respond to initial conservative treatment. Conservative options for patients with initial temporomandibular symptoms include home care and anti-inflammatories. Without documentation of an exhaustion of previous conservative treatment, the current request cannot be determined as medically appropriate. Therefore, the request is noncertified.

Periodontal scale (4 quadrants): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Comprehensive Periodontal Therapy; a statement by the American Academy of Periodontology."

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

Decision rationale: The Official Disability Guidelines indicate that dental trauma treatment is recommended. The Official Disability Guidelines utilize the International Association for Dental Traumatology which has developed guidelines for the evaluation and management of traumatic dental injuries. According to the documentation submitted, the employee sustained a direct traumatic injury to the face on 04/16/2013. There is documentation of periodontal disease with swollen gums and bacterial biofilm deposits. While an initial medical treatment of periodontal scaling of the 4 quadrants may be supported, periodontal evaluation following the initial cleaning is required in order to determine the medical necessity of any additional periodontal scaling of the 4 quadrants thereafter. Based on the clinical information received, the request is noncertified.