

Case Number:	CM13-0050961		
Date Assigned:	12/27/2013	Date of Injury:	10/24/2007
Decision Date:	02/24/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	10/01/2013

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 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 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 36-year-old female who reported an injury on 10/24/2007. The patient was reportedly injured in a motor vehicle accident while working as a deputy sheriff. A comprehensive medical report was submitted by the provider on 09/13/2013 regarding the patient's dental trauma treatment. The provider stated that the patient was evaluated in his office on 03/21/2012. At the time of examination, the patient reported sleep disturbance, bleeding of the gums, soreness upon waking in the morning, facial pain, intermittent minimal facial pain on the left side, and teeth clenching. Objective findings at the time of examination revealed teeth indentions, scalloping of the right and left lateral borders of the tongue, palpable trigger points in the left facial masseter and temporalis muscles, objectively disclosed bacterial biofilm deposits, and swelling with bleeding of the gum tissues. The patient was issued an obstructive airway oral appliance, and several diagnostic studies were performed in the office to include diagnostic autonomic nervous system testing, electromyography, ultrasonic Doppler analysis, diagnostic temperature gradient studies, pulmonary stress testing, diagnostic salivary study, diagnostic amylase analysis, and dental diagnostic photos. A request was made at that time for certification of the patient's complex permanent and stationary evaluation as well as electrodiagnostic studies and airway obstruction oral appliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Airway obstruction oral appliance DOS 5/22/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Aetna, The Regence group dental policy, Principle of Geriatric Dentistry, Surg. 2012 3(1), pgs. 2-9

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, and Other Medical Treatment Guideline or Medical Evidence: U.S. National Library of Medicine. Victor Hoffstein, Review of oral appliances for treatment of sleep-disordered breathing. Pu

Decision rationale: The Official Disability Guidelines (ODG) state dental trauma treatment is recommended. The guidelines state that the International Association of Dental Traumatology has developed guidelines for the evaluation and management of traumatic dental injuries. As per the clinical documentation submitted, it was noted that an obstructive airway oral appliance was issued due to positive findings correlating nocturnal obstruction of the airway. However, there was no evidence of a prior sleep study to diagnose obstructive sleep apnea. In the absence of such results from a sleep study verifying a diagnosis of obstructive sleep apnea, the medical necessity of an airway obstruction oral appliance has not been established. Therefore, the request for Airway obstruction oral appliance DOS 5/22/13 is non-certified.

Complex P/S evaluation DOS 5/22/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Aetna, The Regence group dental policy, Principle of Geriatric Dentistry, Surg. 2012 3(1), pgs. 2-9

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the clinical documentation submitted for review, the previous course of dental treatment and office visits are not outlined. It is noted that the patient was discharged from care, and previous dental examinations were not provided for review. There is no documentation from the previous office visit that would justify the return visit. Therefore, the current request for a permanent and stationary evaluation cannot be determined as medically appropriate. Additionally, any and all diagnostic studies performed on the date of service are also not deemed medically necessary without review of prior diagnostics and evidence of a change in the patient's condition that would warrant a repeat study, given that the patient was discharged from care. As such, the request for Complex P/S evaluation DOS 5/22/13 is non-certified.

Ultrasonic Doppler analysis DOS 5/22/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Aetna, The Regence group dental policy, Principle of Geriatric Dentistry, Surg. 2012 3(1), pgs. 2-9.

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 (ODG) state dental trauma treatment is recommended. The guidelines state that the International Association of Dental Traumatology has developed Guidelines for the evaluation and management of traumatic dental injuries. As per the clinical documentation submitted for review, the previous course of dental treatment and office visits are not outlined. It is noted that the patient was discharged from care, and previous dental examinations were not provided for review. There is no documentation from the previous office visit that would justify the return visit. Therefore, the requested complex evaluation cannot be determined as medically appropriate. Additionally, any and all diagnostic studies performed on the date of evaluation are also not deemed medically necessary without review of prior diagnostics and evidence of a change in the patient's condition that would warrant a repeat study, given that the patient was discharged from care. As such, the request is non-certified.

Diagnostic temp gradient study DOS 5/22/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Aetna, The Regence group dental policy, Principle of Geriatric Dentistry, Surg. 2012 3(1), pgs. 2-9.

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 (ODG) state dental trauma treatment is recommended. The guidelines state that the International Association of Dental Traumatology has developed Guidelines for the evaluation and management of traumatic dental injuries. As per the clinical documentation submitted for review, the previous course of dental treatment and office visits are not outlined. It is noted that the patient was discharged from care, and previous dental examinations were not provided for review. There is no documentation from the previous office visit that would justify the return visit. Therefore, the requested complex evaluation cannot be determined as medically appropriate. Additionally, any and all diagnostic studies performed on the date of evaluation are also not deemed medically necessary without review of prior diagnostics and evidence of a change in the patient's condition that would warrant a repeat study, given that the patient was discharged from care. As such, the request is non-certified.

EMG bilaterally DOS 5/22/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Aetna, The Regence group dental policy, Principle of Geriatric Dentistry, Surg. 2012 3(1), pgs. 2-9

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, Electrodiagnostic studies.

Decision rationale: The Official Disability Guidelines (ODG) state dental trauma treatment is recommended. The guidelines state that the International Association of Dental Traumatology has developed Guidelines for the evaluation and management of traumatic dental injuries. As per the clinical documentation submitted for review, the previous course of dental treatment and office visits are not outlined. It is noted that the patient was discharged from care, and previous dental examinations were not provided for review. There is no documentation from the previous office visit that would justify the return visit. Therefore, the requested complex evaluation cannot be determined as medically appropriate. Additionally, any and all diagnostic studies performed on the date of evaluation are also not deemed medically necessary without review of prior diagnostics and evidence of a change in the patient's condition that would warrant a repeat study, given that the patient was discharged from care. As such, the request is non-certified.

Pulmonary stress test DOS 5/22/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Aetna, The Regence group dental policy, Principle of Geriatric Dentistry, Surg. 2012 3(1), pgs. 2-9.

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 (ODG) state dental trauma treatment is recommended. The guidelines state that the International Association of Dental Traumatology has developed Guidelines for the evaluation and management of traumatic dental injuries. As per the clinical documentation submitted for review, the previous course of dental treatment and office visits are not outlined. It is noted that the patient was discharged from care, and previous dental examinations were not provided for review. There is no documentation from the previous office visit that would justify the return visit. Therefore, the requested complex evaluation cannot be determined as medically appropriate. Additionally, any and all diagnostic studies performed on the date of evaluation are also not deemed medically necessary without review of prior diagnostics and evidence of a change in the patient's condition that would warrant a repeat study, given that the patient was discharged from care. As such, the request is non-certified.

Diagnostic salivary study DOS 5/22/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Aetna, The Regence group dental policy, Principle of Geriatric Dentistry, Surg. 2012 3(1), pgs. 2-9.

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 (ODG) state dental trauma treatment is recommended. The guidelines state that the International Association of Dental Traumatology has developed Guidelines for the evaluation and management of traumatic dental injuries. As per the clinical documentation submitted for review, the previous course of dental treatment and office visits are not outlined. It is noted that the patient was discharged from care, and previous dental examinations were not provided for review. There is no documentation from the previous office visit that would justify the return visit. Therefore, the requested complex evaluation cannot be determined as medically appropriate. Additionally, any and all diagnostic studies performed on the date of evaluation are also not deemed medically necessary without review of prior diagnostics and evidence of a change in the patient's condition that would warrant a repeat study, given that the patient was discharged from care. As such, the request is non-certified.

Diagnostic Amylase analysis DOS 5/22/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Aetna, The Regence group dental policy, Principle of Geriatric Dentistry, Surg. 2012 3(1), pgs. 2-9.

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 (ODG) state dental trauma treatment is recommended. The guidelines state that the International Association of Dental Traumatology has developed Guidelines for the evaluation and management of traumatic dental injuries. As per the clinical documentation submitted for review, the previous course of dental treatment and office visits are not outlined. It is noted that the patient was discharged from care, and previous dental examinations were not provided for review. There is no documentation from the previous office visit that would justify the return visit. Therefore, the requested complex evaluation cannot be determined as medically appropriate. Additionally, any and all diagnostic studies performed on the date of evaluation are also not deemed medically necessary without review of prior diagnostics and evidence of a change in the patient's condition that would warrant a repeat study, given that the patient was discharged from care. As such, the request is non-certified.

Dental diagnostic photos DOS 5/22/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Aetna, The Regence group dental policy, Principle of Geriatric Dentistry, Surg. 2012 3(1), pgs. 2-9.

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 (ODG) state dental trauma treatment is recommended. The guidelines state that the International Association of Dental Traumatology has developed Guidelines for the evaluation and management of traumatic dental injuries. As per the clinical documentation submitted for review, the previous course of dental treatment and office visits are not outlined. It is noted that the patient was discharged from care, and previous dental examinations were not provided for review. There is no documentation from the previous office visit that would justify the return visit. Therefore, the requested complex evaluation cannot be determined as medically appropriate. Additionally, any and all diagnostic studies performed on the date of evaluation are also not deemed medically necessary without review of prior diagnostics and evidence of a change in the patient's condition that would warrant a repeat study, given that the patient was discharged from care. As such, the request is non-certified.