

Case Number:	CM13-0051047		
Date Assigned:	12/27/2013	Date of Injury:	09/17/2011
Decision Date:	06/04/2014	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 licensed in General 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 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 was initially injured on 09/17/11 when she was assaulted at work by 2 individuals. Law enforcement as well as medical personnel arrived on the scene following the assault. The patient stated that she had landed on the curb of a sidewalk resulting in head and low back injuries. The clinical note dated 08/13/12 indicates the patient complaining of subacromial tenderness at the left shoulder. Range of motion limitations were also identified throughout the shoulder. The clinical note dated 11/02/12 indicates the patient continuing with pain at several sites to include the right lower extremity, the cervical spine, and the left shoulder. The patient was identified as having a positive Spurling's maneuver. The clinical note dated 01/14/13 indicates the patient being recommended for a dental consultation secondary to the ongoing complaints of pain in the oral region. The clinical note dated 02/18/13 indicates the patient reporting a fractured nose. The patient also reported fractured teeth as a result of the initial trauma. The patient is utilizing medications resulting in adverse effects to include xerostomia. The patient had complaints of constant severe facial pain bilaterally. The patient described the facial pain as an aching and deep sensation. A clicking noise was identified at the left temporal mandibular joint. The patient reported a 6 month history of this symptom. The patient also reported frequent severe pain at the left temporal mandibular joint. The patient has been identified as having a clenching and grinding of the teeth as well as bracing her facial musculature in response to the orthopedic pain. The patient also had complaints of continued dry mouth. Upon exam, crepitus was auscultated and palpated at the TMJ upon translational and lateral movements of the mandible. Pain was elicited upon palpation of the lateral condyle of the right and left TMJ. The patient has been identified as having a 1mm over bite. Fractured teeth were identified at numbers 7, 8, and 11. A bacterial biofilm deposit was identified at the teeth

and gums. The clinical note dated 10/04/13 indicates the patient showing tooth decay secondary to xerostomia.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SCALING/SURGICAL DEBRIDEMENT (4 QUADRANTS) FULL MOUTH SCALING/SURGICAL DEBRIDEMENT TO BE PERFORMED ON ALL 4 QUADRANTS, EVERY 3 MONTHS: Upheld

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

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.

Decision rationale: Continued/ongoing scaling and debridement would be indicated for patients with ongoing symptoms in need of treatment with documented functional deficits. Without information in place confirming the patient's ongoing deficits, the requested scaling and debridement into the future is not fully indicated.