

<b>Case Number:</b>	CM13-0051852		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/15/2012
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 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 40-year-old male who reported an injury on 10/15/2012. The patient reportedly was assaulted and sustained a fracture to his mandible and loosened his upper anterior teeth. It was noted that the patient's teeth were placed in an intermaxillary fixation with plates and screws. The patient underwent an autonomic nerve system test that revealed the patient had nocturnal obstructions of the airway. Musculoskeletal trigeminal appliance was recommended. The patient's most recent dental examination revealed evidence of abscessed teeth. The patient's treatment plan included restoration of tooth #6 and periodontal maintenance every 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**one full mouth periodontal scaling to be performed on all four quadrants every three months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics treatment planning guidelines. Minneapolis (MN); HealthPartners; 2009 Mar 23, 2010, page 10

**Decision rationale:** Peer reviewed literature does support ongoing oral hygiene to include instruction scaling and root planting with patient education for patients who are at risk for self care deficits. The clinical documentation submitted for review does indicate that the patient has difficulty with oral hygiene due to facial pain. However, the need for periodontal therapy should be determined by ongoing evaluations. Therefore, the medical necessity of future treatments cannot be established. As such, the requested treatment is not medically necessary or appropriate.

**treating teeth as needed - deteriorated/decayed teeth restoration, and/or root canals and crowns, an/or surgical extractions, and/or implants with restorations on top of the implants to be determined by a restorative dentist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics treatment planning guidelines. Minneapolis (MN); HealthPartners; 2009 Mar 23, 2010, page 10

**Decision rationale:** According to HealthPartners Dental Group and Clinics treatment planning guidelines, restorative care would be appropriate after periodic assessments for dental presentation. However, the request as it is submitted is open-ended. As the need for ongoing treatment cannot be established, the request is not indicated at this time. As such, the requested treatment is not medically necessary or appropriate

**autonomic nervous system test:** 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

**Decision rationale:** The Official Disability Guidelines recommend polysomnography for patients who have persistent sleep deficits for longer than six months and have not responded to pharmacological and nonpharmacological interventions. The clinical documentation submitted for review does indicate that the patient recently underwent this type of study that determined the patient had nocturnal obstructions of the airway. The clinical documentation submitted for review does not provide any evidence of the need for an additional test. There is no documentation that the patient has received treatment that would change the outcome from the most recent test. Therefore, the need for an autonomic nervous system test is not clearly indicated. As such, the requested test is not medically necessary or appropriate.

**Mueller maneuver test:** 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.

**Decision rationale:** The Official Disability Guidelines recommend polysomnography for patients who have persistent sleep deficits for longer than six months and have not responded to pharmacological and nonpharmacological interventions. The clinical documentation submitted for review does indicate that the patient recently underwent this type of study that determined the patient had nocturnal obstructions of the airway. The clinical documentation submitted for review does not provide any evidence of the need for an additional test. There is no documentation that the patient has received treatment that would change the outcome from the most recent test. Therefore, the need for a Mueller maneuver test is not clearly indicated. As such, the requested test is not medically necessary or appropriate.

**diagnostic a-Amylase analysis consisting of laboratory spectrophotometric analysis:** 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 Cheaib, Z., Ganss, C., Lamanda, A., Turgut, M.D., & Lussi, A. (2012) Comparison of three strip-type tests and two laboratory methods for salivary buffering analysis. *Odontology*, 100(1), 67-75

**Decision rationale:** Peer-reviewed literature indicates that this test is appropriate for patients suspected of bacterial infections of dentition. However, clinical documentation submitted for review does not provide any evidence to support the need for this test. There is no specific reasoning for how this test will contribute to the patient's treatment planning. Therefore, the need is not clearly determined. As such, the requested test is not medically necessary or appropriate.

**standard of care objective test:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** Clinical documentation submitted for review does not clearly identify what a standard of care objective test is, and how it would contribute to the patient's treatment planning. An exhaustive online search and search of guidelines could not determine what this test is. Therefore, medical necessity could not be established. As such, the requested test is not medically necessary or appropriate.