

Case Number:	CM13-0057805		
Date Assigned:	12/30/2013	Date of Injury:	11/14/2005
Decision Date:	03/17/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/15/2013

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 62-year-old male who reported an injury on 11/14/2005, after he lacerated his right finger with a glass bottle. The patient's most recent clinical evaluation documented that the patient complained of clenching and grinding of their teeth and bracing of the facial musculature in response to pain. It was noted that the patient had difficulty chewing hard foods due to facial pain. The physical findings included palpable trigger points of the facial musculature and crepitus noises palpated and auscultated in the right and left temporomandibular joints. It was noted that the patient had teeth indentations on the lateral borders of the tongue, surface wear of the teeth, and visually observed fractured teeth. The patient's treatment plan included periodontal scaling in all 4 quadrants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Periodontal scaling (4 quadrants): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter, Online Edition, Dental Trauma Treatment, Dental Trauma Treatment

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

Decision rationale: The requested periodontal scaling, 4 quadrants, is not medically necessary or appropriate. Official Disability Guidelines recommend the need for dental treatment when deterioration of the patient's dentition is directly related to the compensable injury. The clinical documentation submitted for review fails to provide evidence that the patient has deficits that prevent the patient from performing normal oral hygiene. Additionally, there were no imaging studies provided to support the need to this type of treatment. Therefore, the need for periodontal scaling is not clearly indicated. As such, the requested periodontal scaling, 4 quadrants, is not medically necessary or appropriate.