

<b>Case Number:</b>	CM13-0061563		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/05/2002
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Board Certified in Dentistry and is licensed to practice in California. 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:

Treatment to date has included dental bridging, night guards, and root canals. The medical records from 2010 through 2013 were reviewed showing the patient complaining of a broken a temporary bridge #6-8 and pain in the lower right back area where root canals were previously done. The patient states that he has been grinding his teeth and jaw pain has been present on the right side of his face. There is noted a clicking of the TMJ on the right side. On examination, there was noted fractured provisional bridge at teeth #6-8. There is a missing temporary on tooth #31. Gingival inflammation was noted for the upper and lower anterior areas. There was pain on percussion on teeth #29 and 31. There was moderate tenderness of the right temporalis and masseter muscles. The patient was referred to a periodontist who has requested for scaling and root planing. However, the progress note for the periodontist was not included in the documentation

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 QUADS OF SCALE AND ROOT PLANNING:** 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 OTHER MEDICAL TREATMENT GUIDELINE OR

MEDICAL EVIDENCE: GUIDELINE FOR PERIODONTAL THERAPY BY THE AMERICAN ACADEMY OF PERIODONTOLOGY FROM THE JOURNAL OF PERIODONTOLOGY.

**Decision rationale:** The CA MTUS does not address scaling and root planing specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the article: Guideline for Periodontal Therapy by the American Academy of Periodontology from the Journal of Periodontology was used instead. Periodontal scaling is used to remove supragingival and accessible subgingival bacterial plaque and calculus. Root planing is used to treat root surface irregularities or alterations caused by periodontal pathoses. In this case, the patient complained of a broken temporary bridge at #6-8. Dental records showed gingival inflammation for the upper and lower anterior areas. The patient was referred to a periodontist but the progress note from the specialist was not made available. There was no discussion about the indication for the scaling and root planing as there was also no diagnosis of any periodontal disease in the most recent progress notes. The documentation reviewed states that on June 24, 2010, based on evaluation of the patient at that time, the periodontal health demonstrated adequate bone support for the teeth and that oral hygiene was fair. However, it is a reasonable medical probability that as a result of the patient's significant industrial accident on March 5, 2002, in addition to the subsequent continued medical complications and his long term heavy use of opiates, could have led to further deterioration of his dentition and the development of periodontal pathoses. Since there were no progress notes made available from the specialist and since the most recent progress notes do not include a diagnosis of any periodontal disease or any discussion about the indication for the scaling and root planing, the request for 4-quadrants of scaling and root planing cannot be determined as medically necessary. This decision is based upon the lack of sufficient documentation. Therefore, the request for 4-quadrant scaling and root planing is not medically necessary.