

Case Number:	CM13-0066546		
Date Assigned:	04/02/2014	Date of Injury:	12/09/2011
Decision Date:	08/07/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/16/2013

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 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:

The patient is a 47-year-old male who has submitted a claim for industrially aggravated periodontal disease/gingival inflammation associated with an industrial injury date of 12/09/2011. Medical records from 2013 were reviewed and showed that patient complained of sleep disturbances, fatigue, snoring, and weight gain due to industrial exposure. Patient has facial pain and bleeding gums. Physical examination showed palpable trigger points in the facial musculature. Crepitus were noted in the temporomandibular joints. There were teeth indentations/scalloping of the lateral borders of the tongue bilaterally, bleeding gums, swollen gums, and anti-cholinergic changes in the quality of the salivary liquids. Treatment to date has included medications, physical therapy, and epidural steroid injection. Utilization review, dated 11/20/2013, modified the request for full mouth periodontal scaling (4 quadrants) every three months to determine if the same frequency scaling is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

FULL MOUTH PERIODONTAL SCALING (4 QUADRANTS) EVERY 3 MONTHS FOR 1 YEAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline or Medical Evidence: AETNA Clinical Policy Bulletin, Temporomandibular Disorders.

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 planning 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. In this case, dental records showed teeth indentations/scalloping of the lateral borders of the tongue bilaterally, bleeding gums, swollen gums, and anti-cholinergic changes in the quality of the salivary liquids. However, physical examination did not show supragingival and accessible subgingival bacterial plaques and calculi. Moreover, there was no discussion regarding the indication for full mouth periodontal scaling. Since the most recent dental examination did not demonstrate the presence of supragingival or accessible subgingival plaques and or calculi or periodontal pocketing, and since there was no discussion documented regarding the indication for full mouth periodontal scaling the request for full mouth periodontal scaling (4 quadrants) every 3 months for 1 year is not medically necessary. Therefore, the request for full mouth periodontal scaling (4 quadrants) every 3 months for 1 year is not medically necessary.