

Case Number:	CM13-0068684		
Date Assigned:	01/03/2014	Date of Injury:	03/23/2004
Decision Date:	08/12/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/19/2013

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:

This is a 57 year-old male with a 3/23/04 date of injury to the left wrist secondary to handcuffs being put on too tight. The patient was seen on 10/16/13 with complaints of facial pain and bleeding gums. The patient is noted to be on an anticholinergic medication, which is contributing to xerostomia. Her medications include Diovan, Dexilant, and Amlodipine. The exam findings revealed bacterial biofilm deposits on the teeth and surrounding gum tissue, and periodontal disease. The diagnosis is periodontal disease, GERD, Vitamin D deficiency. The treatment to date included chiropractic therapy, physical therapy, medications. An adverse determination was received on 11/20/13 which modified the request to full mouth scaling and surgical debridement on all 4 quadrants after a discussion with the requesting provider who agreed to this modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation TREATMENT GUIDELINE:
<http://www.dentalconomics.com/articles/print/volume-95/issue-9/departments/dental-insurance/what-is-debridement.html>.

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: American Dental Association (ADA) Treating periodontal disease-Scaling.

Decision rationale: The CA MTUS and the ODG do not address this issue. The ADA Scaling and root planning is a method of treating periodontal disease when pockets are greater than 3 mm. Scaling is used to remove plaque and tartar beneath the gumline. A local anesthetic may be given to reduce any discomfort. Using a cane instrument called a small scaler or an ultrasonic cleaner, attempt is carefully removed plaque and tartar down to the bottom of each periodontal pocket. The tooth's root surfaces then are smoothed or planed. This allows the gum tissue to heal. It also makes it more difficult for plaque to accumulate along the root surfaces. There is no information regarding whether the patient had this scaling or not, and nor rationale we to why the patient requires 4 quadrant scaling every 3 months. In addition, the medications the patient is taking, Dexilant, Diovan, and Amlodipine are not known to cause xerostomia. Therefore, the request for a full month scaling and surgical debridement, all 4 quads every 3 months times 3 was not medically necessary.