

<b>Case Number:</b>	CM14-0004407		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/25/2003
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Plastic Surgery, has a subspecialty in Hand Surgery, 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 injured worker is a 56 year old female who initially presented with complaints of dental region on March 25, 20013. Clinical note dated 06/04/13 indicated the injured worker presenting with no acute complaints. The injured worker was recommended for esophagogastroduodenoscopy or continuous positive airway pressure (CPAP) machine. The injured worker was previously diagnosed with hypertension. Blood pressure readings were stable at this time. The injured worker had ongoing complaints of obstructive sleep apnea. The injured worker had complaints of abdominal pain. Clinical note dated acupuncture note dated 06/25/13 indicated the injured worker complaining of headaches secondary to temporomandibular joint (TMJ) involvement. Clinical note dated 10/21/13 indicated the injured worker complaining of pain at several sites including her neck, hips, low back, and right knee. The injured worker was utilizing ibuprofen with some benefit. Clinical note dated 11/27/13 indicated the injured worker stating the initial injury occurred on 03/25/03 when she was sitting in a chair when the chair suddenly broke causing her to land on the ground injuring her right hand and side. The injured worker stated that colder weather exacerbated her pain level. Utilization review dated 12/20/13 resulted in modified certification for extensive dental work. No information was submitted regarding current dental status of the patient. The injured worker had subjective complaints of constantly grinding her teeth and clenching her jaw. Previous studies were essential resulting in essentially normal findings. The utilization review dated 07/08/14 resulted in a denial (non-certification) for periodontal scaling and root planning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Periodontal scale and right plan/Q for the upper right quadrant, upper left quadrant, lower left quadrant and lower right quadrant:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics Guidelines for the Diagnosis and Treatment of Periodontal Diseases. Minneapolis (MN): HealthPartners Dental Group; 2011 Dec 9.37

**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: 1.) B. Nugala, BB Santosh Kumar. Biologic Width and Its Importance In Periodontal And Restorative Dentistry. J Conserv Dent 2012 JAN-MAR, 15(1): 12-17 2.) BJARNI E. PJETURSSON, URS BRAGGER, ET AL. COMPARISON Of Survival And Complication Rates Of Tooth Supported Fdps And Implant-Supported Fdps And Single Crowns. Clin. Oral IMPL.RES 18 (SUPPL.3), 2007;97-113.

**Decision rationale:** The clinical documentation indicates the injured worker complaining of grinding her teeth with clenching of the jaw. However, no documentation was submitted confirming the need for periodontal scaling, root planing as no information was submitted regarding extensive damage including the location. No imaging studies were submitted confirming the clinical findings. Therefore, the request for periodontal scale and right plan/q for the upper right quadrant, upper left quadrant, lower left quadrant and lower right quadrant is not medically necessary or appropriate.

**Radiographic/surgical implant upper and lower quadrants:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics Guidelines for the Diagnosis and Treatment of Periodontal Diseases. Minneapolis (MN): HealthPartners Dental Group; 2009 Mar 23. 10p

**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: 1.) B. Nugala, BB Santosh Kumar. Biologic Width and Its Importance In Periodontal And Restorative Dentistry. J Conserv Dent 2012 JAN-MAR, 15(1): 12-17 2.) BJARNI E. PJETURSSON, URS BRAGGER, ET AL. COMPARISON Of Survival And Complication Rates Of Tooth Supported Fdps And Implant-Supported Fdps And Single Crowns. Clin. Oral IMPL.RES 18 (SUPPL.3), 2007;97-113.

**Decision rationale:** The clinical documentation indicates the injured worker complaining of grinding her teeth with clenching of the jaw. However, no documentation was submitted confirming the need for a surgical implant as no information was submitted regarding extensive damage including the location. No imaging studies were submitted confirming the clinical findings. Therefore, the request for radiographic/surgical implant upper and lower quadrants is not medically necessary or appropriate.

**Periodontal maintenance procedure:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive Periodontal Therapy: A Statement by the American Academy Of Periodontology. J Periodontal. 2011 Jul; 82(7):943-9

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Office visits Other Medical Treatment Guideline or Medical Evidence: 1.) Steve Carstensen, DDS. Medscape Medical News. Nightguards May Not Be Best for Bruxism 2.) F. Lobbezoo, J. Ahlberg, A. G. Glaros, T. Kato, K. Koyano, G. J. Lavigne, R. de Leeuw, D. Manfredini, P. Svensson and E. Winocur. Bruxism defined and graded: an international consensus. Journal of Oral Rehabilitation. Volume 40, Issue 1, pages 2-4, January 201

**Decision rationale:** The requested periodontal maintenance is not recommended as medically necessary. The clinical documentation indicates the injured worker complaining of grinding her teeth with clenching of the jaw. However, no documentation was submitted confirming the need for periodontal maintenance as no information was submitted regarding extensive plaque formation or other findings to support this treatment. Therefore, the request for periodontal maintenance procedure is not medically necessary or appropriate.