

<b>Case Number:</b>	CM14-0119222		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/31/2006
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 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:

Records reviewed indicate this is a 43 year old male with a date of injury of 5/31/2006. Patient has suffered from an industrial injury that resulted in his current quadriplegic status. As a result of being a quadriplegic he has limited oral hygiene ability and cannot clean his teeth well. He has medication induced xerostomia and bruxism. As a result he has developed recurrent decay and periodontal inflammation. Treating dentist [REDACTED] is requesting periodontal maintenance and reevaluation every 2 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Cleaning Every Two to Three Months Between 6/19/14 and 8/8/14: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearing House (NGC) - Periodontal Maintenance Therapy.

**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: Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references] When indicated, the plan should include: 1. Medical and dental consultation or referral for treatment, when appropriate 2. Surgical and non-surgical periodontal and implant procedures to be

performed<sup>3</sup>. Consideration of adjunctive restorative, prosthetic, orthodontic, and/or endodontic consultation or treatment<sup>4</sup>. Provision for ongoing reevaluation during periodontal or dental implant therapy and throughout the maintenance phase of treatment<sup>5</sup>. Consideration of diagnostic testing that may include microbiologic, genetic, or biochemical assessment or monitoring during the course of periodontal therapy<sup>6</sup>. Consideration of risk factors including, but not limited to, diabetes and smoking, which play a role in development, progression, and management of periodontal diseases<sup>7</sup>. Periodontal maintenance program including ongoing evaluation and reevaluation for treatment.

**Informed Consent and Patient Records** Informed consent should be obtained prior to the commencement of therapy. Complete records of the periodontal examination (including full charting), diagnosis, treatment, and recommended follow-up are essential and should be maintained according to state law. Information given to the patient should include the following:

1. The diagnosis, etiology, proposed therapy, possible alternative treatment(s), and the prognosis with and without the proposed therapy or possible alternatives
2. Recommendations for treatment to be performed by other dentists or physicians
3. The reasonably foreseeable inherent risks and potential complications associated with the proposed therapy, including failure with the ultimate loss of teeth or dental implants
4. The need for periodontal maintenance treatment after active therapy due to the potential for disease recurrence

**Treatment Procedures** When indicated, treatment should include:

1. Patient education, training in oral hygiene, and counseling on control of risk factors (e.g., stress, medical status, smoking, etc.) with appropriate referral if needed
2. Management of periodontal-systemic interrelationships, when appropriate
3. Removal of supra- and subgingival bacterial plaque biofilm and calculus by comprehensive, meticulous periodontal scaling and root planning. In some instances, these procedures may be incorporated into the surgical treatment.

**Decision rationale:** Based on this patient's periodontal disease, this reviewer finds the request for 1 cleaning Every Two to Three Months to be medically necessary