

Case Number:	CM14-0145992		
Date Assigned:	09/12/2014	Date of Injury:	05/14/2013
Decision Date:	11/05/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/08/2014

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 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:

Records reviewed indicate that this is a 60-year-old male patient. He states that on 5/14/13 he was working his regular duties. He stated that there was a cargo net on the floor that was all tangled up. He was trying to-untangle the cargo net and was actually standing on the cargo net which was on the floor. A forklift caught part of the cargo net and pulled it out from under him. He was flipped backwards onto the concrete floor. The next thing he remembered was being in an ambulance. He had pain in the back of his head. The patient stated that he was taken to [REDACTED] where he was seen by [REDACTED], on 5/14/13. He was worked up and a scan was done. The diagnosis was injury to the head, concussion, with less than one hour loss of consciousness. He was discharged with instructions for monitoring of his head. He was given work restrictions of no heavy lifting or operating machines. CT scan of the head. 5/14/13 Normal Study. According to the Doctors First Report of Occupational Injury of [REDACTED] dated 07/30/14, the patient complained of clenching and grinding teeth and bracing the facial musculature. There was facial pain, difficulty chewing hard foods due to pain in the face and teeth and feeling limited opening of the mouth as compared to before injury. On examination, there were palpable trigger points in the facial musculature. Teeth indentations and scalloping of the lateral borders of the tongue bilaterally were noted. Swollen gums were noted as well as objectively-disclosed bacterial bio film deposits on the teeth as well as round gum tissues. The patient had diagnostic autonomic nervous system testing documented increased sympathetic activity correlating to obstructions of the airway. The patient had nocturnal obstructions of the airway. Treatment plan included periodontal scaling treatments be performed every three months as per standards of care. The patient was diagnosed with traumatic injury to the head (959.0), bruxism, clenching and grinding of the teeth and bracing of the facial muscles (306.8), myofascial pain of the facial musculature (729.1), trigeminal central sensitization

(350.1) and industrially aggravated periodontal disease or gingival inflammation (523.42). This is a review of the medical necessity for emergency medical treatment of periodontal scaling 4 quadrants, UR report dated 08/12/14 States Rationale: After careful review of the clinical information submitted, this request does not meet medical necessity. The proposed treatment is for emergency medical treatment of periodontal scaling 4 quadrants. The proposed treatment is performed to treat periodontitis. A full mouth series of dental radiographs were submitted, but complete periodontal charting was not. Without adequate documentation to confirm the presence of periodontitis. Therefore, recommend the treatment is non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro emergency medical treatment of periodontal scaling 4 quadrants (DOS 7/13/14):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head (updated 8/11/14)Dental Trauma (facial fractures)

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 Periodontol2011 Jul; 82(7):943-9. [133 references]

Decision rationale: In the records provided, there are no documentation of patient's current "Examination of teeth to evaluate the topography of the gingiva and related structures; to measure probing depths, the width of keratinized tissue, gingival recession, and attachment level; to evaluate the health of the sub gingival area with measures such as bleeding on probing and suppuration; to assess clinical furcation status; and to detect endodontic-periodontal lesions " as recommended by the medical reference mentioned above. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Therefore, Retro emergency medical treatment of periodontal scaling 4 quadrants (DOS 7/13/14) is not medically necessary.