

<b>Case Number:</b>	CM14-0022346		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	02/24/2006
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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:

This is a 55-year-old male patient with a 2/24/06 date of injury. The 1/6/14 progress report indicates complaints of ulceration of the lower left back; after lower partial denture was adjusted the patient felt well; and complaints that the lower partial denture is loose. A physical exam demonstrates scaling of the lateral border of tongue. The diagnosis include traumatic injury to upper and lower teeth; and parafunctional activities. The treatment plan included prophylaxis and topical fluoride treatment every three (3) months for one (1) year. The 1/23/14 supplemental dental report indicates that the patient sustained trauma to the upper and lower front teeth as the result of a work accident. The industrial injury left two (2) for loosening of the teeth the Vernon weakened periodontal state. Dental treatment that would release the effects of injuries to the upper and lower anterior teeth with removal of the remaining lower anterior teeth and replacement of the anterior teeth by means of permanent dental bridgework supported by dental implants. Since the patient did have permanent teeth prior to the accident, it would be appropriate to place approximately four to six (4 to 6) endosseous dental implants surgically within both the upper and lower dental arches. The patient complains of moving lower partial dentures when he eats. There is clenching of his teeth. A physical exam demonstrates that the patient is missing all his upper teeth, the patient is missing all his lower teeth except #21, 28, 27 and 31. The patient is wearing a full upper and lower partial denture, all acrylic. The patient has mobility one (1) on teeth number 21 and 27. There is tenderness upon palpation of the right and left masseter and sternocleidomastoid muscle. A request for four (4) prophylaxis and fluoride treatment was previously certified with modification to one (1) prophylaxis and fluoride treatment. There is documentation of a previous adverse 1/22/14 determination, since certification could not be completed for future treatment until an examination and documentation was completed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Four (4) quarterly prophylaxis (cleaning) and topical fluoride treatments: 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 (Acute and Chronic), and on the Non-MTUS HealthPartners Dental Group and Clinics Guidelines for the diagnosis and treatment of periodontal diseases. Minneapolis (MN): HealthPartners Dental Group; 2011 Dec 9. 37 p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association Treating periodontal disease; on the Non-MTUS HealthPartners Dental Group and Clinics guidelines for the diagnosis and treatment of periodontal diseases. Minneapolis (MN): HealthPartners Dental Group; 2011 Dec 9. 37 p; and on the Non-MTUS American Dental Association.

**Decision rationale:** The American Dental Association indicates that scaling is used to remove plaque and tartar beneath the gumline. A local anesthetic may be given to reduce any discomfort. Using a hand 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. A periodontal assessment should include radiographs, visual examination, assessment of plaque and calculus, periodontal charting of attachment loss, pocketing, furcations, mobility, and mucogingival relationships. The diagnosis of gingivitis and chronic periodontal disease must have specific findings as outlined in the guidelines cited below. Periodontal cleanings should be completed every six (6) months at the minimum to maintain proper dental health, sometimes even every three (3) months in the presence of periodontal disease. However, it appears the patient is missing most of his teeth. It is unclear where cleaning is to be performed. There is no discussion as to how fluoride treatments would help the further course of management, given that extensive dental implant procedures are anticipated. Lastly, there is documentation of a previous certification for one (1) prophylaxis and fluoride treatment; there are no progress reports to corroborate that this procedure would have taken place. Therefore, the request is not medically necessary.