

<b>Case Number:</b>	CM14-0023787		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	12/06/1996
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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:

The reviewed documents reveal that this is a 77 year old patient with an industrial date of injury on CT 02/16/1998 which has resulted in a chronic habit of teeth grinding/jaw clenching (bruxism) as a response to the chronic orthopedic pain and psychological difficulties. This patient also displays dry mouth/xerostomia from the side effect of industrial medications that have been prescribed for them. Treating dentist [REDACTED] report dated 02/07/14 has objective findings of: bleeding of the gum tissues, recession of the gum tissues, xerostomia/qualitative changes of the saliva, teeth indentations/scalloping of the right and left lateral borders of her tongue. UR report dated 02/13/14 states: "In this case, the most recent dental evaluation performed on this claimant was dated 04/18/13, which is over nine months old to date. There is absent recent detailed dental evaluation report with documentation of claimant's current dental complaints, and clinical findings including oral examination and comprehensive periodontal evaluation." Without documentation pertaining to the claimant's current condition, the medical necessity of this request is not established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient full mouth periodontal scaling on all four (4) quadrants every three (3) months:**  
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.  
<http://www.guideline.gov/content.aspx?id=34760&search=periodontal+disease> Periodontal Evaluation.

**MAXIMUS guideline:** The Expert Reviewer 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 Periodontol 2011 Jul; 82(7):943-9. [133 references].

**Decision rationale:** The Expert Reviewer based his/her decision on the Non-MTUS Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol The Expert Reviewer's decision rationale: Per objective findings of treating dentist and medical reference mentioned above, full mouth periodontal scaling on all four (4) quadrants every three (3) months for indefinite amount of time is not medically necessary. This IMR reviewer will reconsider a new request for periodontal scaling every 3 months for 1 year and then followed by a re-evaluation and documenting for any further need of full mouth periodontal scaling.

**Purchase of an obstructive airway appliance (remade/replaced as needed):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aetna.com/cpb/dental/data/DCPB0018.html> last updated 12/04/2012.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The Expert Reviewer based his/her decision on the. The Expert Reviewer's decision rationale: Report of treating dentist [REDACTED] dated 04/23/14 states that "patient requires to be referred for more detailed polysomnographic studies to be performed in order to determine exactly what type of additional definitive care (i.e. CPAP) the patient may require for their nocturnal obstructions of their airway" This IMR reviewer is not clear if this patient has had a more detailed polysomnographic study yet, and if it has been done, the results/records are not available for this IMR reviewer. Also the indefinite request of "remade/replace as needed" is not medically necessary without proper current documentation to justify the need for the appliance to be "remade or replaced". Therefore this IMR reviewer finds this request to be not medically necessary at this time. I will reconsider this request once further testing results/records mentioned above are available for review.