

Case Number:	CM14-0024862		
Date Assigned:	06/11/2014	Date of Injury:	10/05/2009
Decision Date:	07/28/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/27/2014

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 patient has been involved in an industrial injury on 01/01/2001. In response to his industrial related orthopedic pain, he has developed emotional stressors. The patient finds he is clenching his teeth and bracing his facial musculature, which has resulted in the patient developing facial and jaw pain. The patient also states that as a result of his bruxism/clenching and grinding of his teeth, he has resultantly fractured some of his teeth. This patient's primary treating physician (PTP) has already referred this patient to an evaluating dentist, [REDACTED], whose report discusses medical causation, which with reasonable medical probability, shows industrial factors which have contributed to the patient's dental problems. [REDACTED] Doctor of Dental Suregry (DDS), has referred this patient to [REDACTED] of Dental Medicine (DMD), for this patient's industrially related dental problems. [REDACTED] has diagnosed this patient with: 1) Bruxism/Clenching and grinding of the teeth and bracing of the facial muscles 2) Xerostomia, in response to orthopedic pain 3) Myofascial pain of the facial musculature 4) Capsulitis of the left TMJ 5) Dental decay, mastication impairment 6) Aggravated periodontal disease/ gingival inflammation 7) Suggestions of a sleep disorder. [REDACTED] is requesting treatment: Periodontal scaling and root planning/q. and osseous surgery per quadrant, upper right, upper left, lower left, and lower right. No other treatment is appropriate until the claimant's periodontal conditions are evaluated after the initial treatment. There is also no indication from the clinical information submitted that any teeth are non-restorable and in need of extraction.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERIODONTAL SCALING AND ROOT PLANING: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: As stated in the reference above, the treatment procedures indicated for patients with any periodontal disease should include removal of supra- and subgingival bacterial plaque/biofilm and calculus by comprehensive, meticulous periodontal scaling and root planning. Therefore, periodontal scaling and root planning is medically necessary.

OSSEOUS SURGERY PER QUADRANT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: There is no documentation submitted by [REDACTED] justifying the need for osseous surgery in this patient. Therefore, osseous surgery per quadrant is not medically necessary at this time.