

Case Number:	CM14-0024963		
Date Assigned:	07/16/2014	Date of Injury:	08/06/2010
Decision Date:	08/14/2014	UR Denial Date:	02/20/2014
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:

The records provided indicate that this is a 62-year-old male who was involved in an industrial injury on two separate occasions. This patient was found permanent and stationary on report dated 4/26/12 by the treating physician. This dentist on 4/26/12 recommends future medical care to include periodontal treatments, internal medicine systemic health problems monitoring treatment, orthotic appliance treatment for daytime use due to his facial Myofascial pain and bruxism, objective polysomnogram sleep studies, and continued palliative care. This patient then was evaluated by agreed medical evaluation (AME) dentist the treating physician on 10/25/12. This AME dentist finds industrial aggravation of pre-existing bruxism. The patient had a normal TMJ study. No industrial injury to teeth, jaws, Periodontium, TMJ's. He states it is with reasonable medical probability that bruxism was aggravated by pain of orthopedic injuries sustained at work. The treating physician AME he states bruxism has only caused a temporary increase in facial/jaw muscle tension and has been appropriately addressed by use of an intra-oral orthotic. The treating physician further states on page 16 of his report dated 10/25/2012, that the only treatment recommended on an industrial basis from a dental standpoint would be provision of properly fitted into oral orthotic to address bruxism. Apparently this has been done by the attending dentist in this case. No other treatment is indicated on an industrial basis from a dental standpoint. On March 19, 2014, the treating physician has provided a correspondence to serve as an addendum to his prior reports regarding this patient, after reviewing the AME's report. In this addendum the treating physician has reviewed the other treating physician's AME report dated October 25, 2012. Then the treating physician on page 3 of his addendum report under discussion states it is satisfying to know that with the proper treatments provided to this patient by my office, his industrial related dental conditions have resolved. Please note that this addendum was the latest dental report provided to this IMR reviewer. There are no other reports

available to this IMR reviewer from the requesting dentist. No medical reports accompanies this request from the provider making the requests, it is just accompanied by the P&S report of the treating physician dated 4/26/12 and requesting the treatment of the other treating physician recommended back in April of 2012. However the treating physician in his latest report dated March 19, 2014, after reviewing the AME report of the other treating physician, states that this patient's industrial related dental conditions have resolved by the proper treatments provided to this patient by his office.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERIODONTAL TREATMENTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Comprehensive Periodontal Therapy: A Statement by The American Academy of Periodontology.

Decision rationale: On 3/19/14, the treating physician has provided a correspondence to serve as an addendum to his prior reports regarding this patient, after reviewing the AME's report. In this addendum the treating physician has reviewed the other treating physician's AME report dated 10/25/12. Then the treating physician on page 3 of his addendum report under discussion states it is satisfying to know that with the proper treatments provided to this patient by my office, his industrial related dental conditions have resolved. Please note that this addendum was the latest dental report provided to this IMR reviewer. There are no other reports available to this IMR reviewer from the requesting dentist. No medical reports accompanies this request from the provider making the requests, it is just accompanied by the P&S report of the treating physician dated 4/26/12 and requesting the treatment of the other treating physician recommended back in April of 2012. However the treating physician in his latest report dated 3/19/14, after reviewing the AME report of the other treating physician, states that this patient's industrial related dental conditions have resolved by the proper treatments provided to this patient by his office. This IMR reviewer has to go by the latest reports available, which would be the AME of the treating physician report dated 10/25/12 and reports addendum of the other treating physician dated 3/19/14. Therefore, this IMR finds this request to be not medically necessary at this time.

INTERNAL MEDICINE SYSTEMIC HEALTH PROBLEMS

MONITORING/TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Comprehensive Periodontal Therapy: A Statement by The American Academy of Periodontology.

Decision rationale: On 3/19/14, the treating physician has provided a correspondence to serve as an addendum to his prior reports regarding this patient, after reviewing the AME's report. In

this addendum the treating physician has reviewed the other treating physician's AME report dated 10/25/12. Then the treating physician on page 3 of his addendum report under discussion states it is satisfying to know that with the proper treatments provided to this patient by my office, his industrial related dental conditions have resolved. Please note that this addendum was the latest dental report provided to this IMR reviewer. There are no other reports available to this IMR reviewer from the requesting dentist. No medical reports accompanies this request from the provider making the requests, it is just accompanied by the P&S report of the treating physician dated 4/26/12 and requesting the treatment of the other treating physician recommended back in April of 2012. However the treating physician in his latest report dated 3/19/14, after reviewing the AME report of the other treating physician, states that this patient's industrial related dental conditions have resolved by the proper treatments provided to this patient by his office. This IMR reviewer has to go by the latest reports available, which would be the AME of the treating physician report dated 10/25/12 and reports addendum of the other treating physician dated 3/19/14. Therefore, this IMR finds this request to be not medically necessary at this time.

ORTHOTIC TREATMENT FOR DAYTIME USE; NEW ORTHOTIC APPLIANCE:

Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Bruxism Management.

Decision rationale: The treating physician AME report recommends providing this patient with a properly fitted intraoral orthotic to address bruxism. He also states Apparently, this has been done by the attending dentist in this case. The other treating physician in his report dated 04/26/12, page 18, states that please note the patient stated that he melted the orthotic appliance previously provided to him by my office on an industrially related basis. The treating physician therefore will be required to fabricate a new orthotic appliance for his continued use on an industrially related basis. Therefore, based on the fact that this patient's orthotic appliance was damaged, this IMR reviewer finds the request of a new orthotic appliance to be medically necessary.

OBJECTIVE POLYSOMNOGRAM SLEEP STUDIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Comprehensive Periodontal Therapy: A Statement by The American Academy of Periodontology.

Decision rationale: On 3/19/14, the treating physician has provided a correspondence to serve as an addendum to his prior reports regarding this patient, after reviewing the AME's report. In this addendum the treating physician has reviewed the other treating physician's AME report dated 10/25/12. Then the treating physician on page 3 of his addendum report under discussion

states it is satisfying to know that with the proper treatments provided to this patient by my office, his industrial related dental conditions have resolved. Please note that this addendum was the latest dental report provided to this IMR reviewer. There are no other reports available to this IMR reviewer from the requesting dentist. No medical reports accompanies this request from the provider making the requests, it is just accompanied by the P&S report of the treating physician dated 4/26/12 and requesting the treatment of the other treating physician recommended back in April of 2012. However the treating physician in his latest report dated 3/19/14, after reviewing the AME report of the other treating physician, states that this patient's industrial related dental conditions have resolved by the proper treatments provided to this patient by his office. This IMR reviewer has to go by the latest reports available, which would be the AME of the treating physician report dated 10/25/12 and reports addendum of the other treating physician dated 3/19/14. Therefore, this IMR finds this request to be not medically necessary at this time.

CONTINUED PALLIATIVE CARE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Comprehensive Periodontal Therapy: A Statement by The American Academy of Periodontology.

Decision rationale: On 3/19/14, the treating physician has provided a correspondence to serve as an addendum to his prior reports regarding this patient, after reviewing the AME's report. In this addendum the treating physician has reviewed the other treating physician's AME report dated 10/25/12. Then the treating physician on page 3 of his addendum report under discussion states it is satisfying to know that with the proper treatments provided to this patient by my office, his industrial related dental conditions have resolved. Please note that this addendum was the latest dental report provided to this IMR reviewer. There are no other reports available to this IMR reviewer from the requesting dentist. No medical reports accompanies this request from the provider making the requests, it is just accompanied by the P&S report of the treating physician dated 4/26/12 and requesting the treatment of the other treating physician recommended back in April of 2012. However the treating physician in his latest report dated 3/19/14, after reviewing the AME report of the other treating physician, states that this patient's industrial related dental conditions have resolved by the proper treatments provided to this patient by his office. This IMR reviewer has to go by the latest reports available, which would be the AME of the treating physician report dated 10/25/12 and reports addendum of the other treating physician dated 3/19/14. Therefore, this IMR finds this request to be not medically necessary at this time.