

<b>Case Number:</b>	CM14-0026070		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/16/1999
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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:

Per UR report dated 1/31/14, the patient presented to [REDACTED] DMD office on 1/15/13 for continued periodontal maintenance. The patient was seen in the office for the periodontal maintenance on 11/4/13. The provider notes necessity for periodontal maintenance every 3 months to control gum infections. The provider recommends continuing the perio-prophylaxis every three months including recall examination and dental x-rays.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PERIO-PROPHYLAXIS:** Overturned

**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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Other Medical Treatment Guideline Or Medical Evidence: Comprehensive Periodontal Therapy: A Statement By The American Academy Of Periodontology . Comprehensive Periodontal Therapy: A Statement By The American Academy Of Periodontology. J Periodo.

**Decision rationale:** According to the above mentioned citation, "Patients should receive a comprehensive periodontal evaluation and their risk factors should be identified at least on an annual basis. Such an evaluation includes discussion with the patient regarding his/her chief

complaint, medical and dental history review, clinical examination, and radiographic analysis." Therefore, decision for Perio-prophylaxis is medically necessary.

**RE-EVALUATION EXAM:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Head Procedure Summary (Official Disability Guidelines) The Regence Group Dental Policy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Other Medical Treatment Guideline Or Medical Evidence: Comprehensive Periodontal Therapy: A Statement By The American Academy Of Periodontology. J Periodo.

**Decision rationale:** According to the above mentioned citation, "Patients should receive a comprehensive periodontal evaluation and their risk factors should be identified at least on an annual basis. Such an evaluation includes discussion with the patient regarding his/her chief complaint, medical and dental history review, clinical examination, and radiographic analysis." Therefore, decision for re-evaluation exam is medically necessary.

**FULL MOUTH X-RAYS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Head Procedure Summary (Official Disability Guidelines) The Regence Group Dental Policy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Other Medical Treatment Guideline Or Medical Evidence: Comprehensive Periodontal Therapy: A Statement By The American Academy Of Periodontology. J Periodo.

**Decision rationale:** According to the above mentioned citation, "Patients should receive a comprehensive periodontal evaluation and their risk factors should be identified at least on an annual basis. Such an evaluation includes discussion with the patient regarding his/her chief complaint, medical and dental history review, clinical examination, and radiographic analysis." Therefore, decision for re-evaluation exam is medically necessary.

**BITE-WING X-RAY:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Head Procedure Summary (Official Disability Guidelines) The Regence Group Dental Policy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-Non-MTUS Other Medical Treatment Guideline Or Medical Evidence: Comprehensive Periodontal Therapy: A Statement By The American Academy Of Periodontology. J Periodo.

**Decision rationale:** Bite-wing X-rays are included in the full mouth series of x-rays. Therefore, if full-mouth x-rays are to be taken, then Bite-wing x-rays should be included in the full mouth

series, and bite-wings should not be a separate procedure. The request for Bite wing X-rays are medically necessary.