

Case Number:	CM14-0026810		
Date Assigned:	03/05/2014	Date of Injury:	09/17/2000
Decision Date:	08/01/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/04/2014

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 patient is a 44 year old male who has submitted a claim for traumatic brain injury, anxiety disorder, depression, epistaxis, xerostomia, and acquired deviated nasal septum associated with an industrial injury date of September 17, 2010. Medical records from 2012 to 2014 were reviewed. A dental report from 08/07/2006 revealed porcelain veneers on teeth #s 4 and 5, labial veneer on tooth #11, PFM crown on tooth #12, #13 PFM crown, #28 PFM crown due to buccal decay, #29 PFM crown due to buccal decay, and #30 PFM crown due to buccal decay. Treatment for xerostomia included Prevident 5000 plus oral dentifrice, oral and dental evaluations every 3 to 4 months, orobalance moisturizing gel substitute, and Loziflur fluoride tablets. Oral examination from 01/23/2014 showed intact dentition, normal palate and uvula. Utilization review from February 14, 2014 denied the requests for periodontal root planing and scaling x 4, and dental treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERIODONTAL ROOT PLANNING & SCALING X 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7);943-9 [133 references];

<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 Other Medical Treatment Guideline or Medical Evidence: Guideline for Periodontal Therapy by the American Academy of Periodontology from the Journal of Periodontology.

Decision rationale: The article: Guideline for Periodontal Therapy by the American Academy of Periodontology from the Journal of Periodontology indicates periodontal scaling is used to remove supragingival and accessible subgingival bacterial plaque and calculus. Root planing is used to treat root surface irregularities or alterations caused by periodontal pathoses. In this case, a dental report from 08/07/2006 revealed porcelain veneers on teeth #s 4 and 5, labial veneer on tooth #11, PFM crown on tooth #12, #13 PFM crown, #28 PFM crown due to buccal decay, #29 PFM crown due to buccal decay, and #30 PFM crown due to buccal decay. Treatment plan included four-quadrant root planing and scaling. However, oral examination from 01/23/2014 showed intact dentition, normal palate and uvula. There was no recent objective finding available to support this present request. There was no discussion about the indication for the scaling and root planing as there was also no diagnosis of any periodontal disease in the most recent progress notes. It is not unreasonable to assume that with the extent of trauma to this individual that resulted and the fact that he was in a coma for a period of time that he would have been unable to care for his oral hygiene and could develop periodontal problems and certain medications can result in xerostoma causing decay. However, since an oral examination on 1/23/14 demonstrated intact dentition and since objective findings to support the requests were lacking, the request is not medically necessary.

DENTAL TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7);943-9 [133 references];
<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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: As stated on page 127 of the ACOEM Guidelines, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, a dental report from 08/07/2006 revealed porcelain veneers on teeth #s 4 and 5, labial veneer on tooth #11, PFM crown on tooth #12, #13 PFM crown, #28 PFM crown due to buccal decay, #29 PFM crown due to buccal decay, and #30 PFM crown due to buccal decay. Treatment for xerostomia included Prevident 5000 plus oral dentifrice, oral and

dental evaluations every 3 to 4 months, orobalance moisturizing gel substitute, and Loziflur fluoride tablets. However, an oral examination from 01/23/2014 showed intact dentition, normal palate and uvula. There was no recent objective finding available to support the present request as there was no rationale provided. The request likewise was nonspecific. Therefore, the request for dental treatment is not medically necessary.