

<b>Case Number:</b>	CM14-0028435		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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:

Records provided indicate that this is a 49 year old male who fell approximately 10 feet from a roof landing on his bilateral upper extremities as well as face, striking his mouth on the pavement, causing him to lose his lower anterior teeth. Treating Dentist [REDACTED] report dated 1/17/14 is requesting scaling and root planning and fluoride application due to the "presence of significant bruxism, xerostomia, caries and periodontal disease"

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Periodontal scale and root planning all 4 quad: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics guidelines for the diagnosis and treatment of periodontal diseases. Minneapolis (MN): HealthPartners Dental Group; 2011 Dec 9. 37p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS 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. [133 references].

**Decision rationale:** [REDACTED] in his report dated 2/17/14 has found that this patient has significant periodontal disease. Therefore, in reference to the above citation, "Removal of supra- and subgingival bacterial plaque biofilm and calculus by comprehensive, meticulous periodontal

scaling and root planing" is medically necessary in the treatment of this patient's periodontal disease.

**1 topical application of fluoride:** 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 the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Evid Based Dent. 2014 Jun;15(2):38-9. doi: 10.1038/sj.ebd.6401019. ADA clinical recommendations on topical fluoride for caries prevention.

**Decision rationale:** This patient has been diagnosed with Xerostomia, which makes this patient a high caries risk due to dry mouth. Therefore, per reference cited above, "For individuals at risk of dental caries: 2.26% fluoride varnish or 1.23% fluoride (APF) gel, or prescription strength, home-use 0.5% fluoride gel or paste, or 0.09% fluoride mouth rinse for children who are aged six or over. The panel judged that the benefits outweighed the potential for harm for all professionally applied and prescription strength, home-use topical fluoride agents and age groups except for children aged under six years." Therefore, 1 topical application of Fluoride is Medically necessary.