

Case Number:	CM14-0031188		
Date Assigned:	04/09/2014	Date of Injury:	09/18/2008
Decision Date:	08/11/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	01/29/2014

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 a licensed Dentist 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:

Patient is a 28-year-old male who has submitted a claim for industrially aggravated periodontal disease with resultant abscess and chronic osteomyelitis of the left tibia associated with an industrial injury date of 09/18/2008. Medical records from 2013 to 2014 were reviewed. Patient complained of clenching his teeth and bracing his facial musculature in response to the industrial related orthopedic pain. Patient likewise reported bleeding gums. Physical examination showed teeth indentations / scalloping of the right and left lateral borders of the tongue. There were bite mark lines on the insides of the patient's cheeks bilaterally. Gum tissues were swollen, and recession was noted. There was objectively disclosed bacterial biofilm deposit in his teeth, and around his gum tissues. Radiographic results showed periodontal bone loss, and generalized periodontal abscess at the apices of his teeth. Diagnostic Salivary Flow and Buffering tests revealed an objective decrease in salivary flow with ropey, cloudy, and acidic saliva. Treatment to date has included medications such as Vicodin, tramadol, and Xanax. Utilization review from 01/27/2014 denied the request for 1 teeth treatment required restoration, possible root canals, crowns, surgical extractions, or implants between 12/27/2013 and 4/21/2013 because the removal of all of the remaining teeth and implants can be addressed once a periodontal diagnosis was made deeming the teeth non-salvageable; and denied 1 musculoskeletal trigeminal oral appliance between 12/27/2013 and 4/21/2014 because there was no specification that bruxism occurred at night while sleeping.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE TEETH TREATMENT REQUIRED RESTORATION, POSSIBLE ROOT CANALS, CROWNS, SURGICAL EXTRACTIONS, OR IMPLANTS BETWEEN 12/27/2013 AND 4/21/2013: 1 MUSCULOSKELETAL TRIGEMINAL ORAL APPLIANCE BETWEEN 12/27/2013 AND 4/21/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NATIONAL GUIDELINES CLEARINGHOUSE: JOHNSON VB, CHALMERS J. ORAL HYGIENE CARE FOR FUNCTIONALLY DEPENDENT AND COGNITIVELY IMPAIRED OLDER ADULTS. IOWA CITY (IA): UNIVERSITY OF IOWA COLLEGE OF NURSING, JOHN HARTFORD FOUNDATION CENTER OF GERIATRIC NURSING EXCELLENCE; 2011 JUL. 61P.

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: Criteria adopted by dentists to indicate the extraction of periodontally involved teeth, J Appl Oral Sci. 2007 Oct;15(5):437-41, <http://www.ncbi.nlm.nih.gov/pubmed/19089175> and Dental Crowns, <http://www.webmd.com/oral-health/guide/dental-crowns> and <http://www.nlm.nih.gov/medlineplus/ency/article/001227.htm>.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, an article from PubMed was used instead. When dealing with patients with periodontal disease of variable severities, dentists must often choose between treating and restoring the involved tooth or indicating its extraction. Different criteria have been adopted in this decision-making process such as: severity of attachment loss, tooth mobility, furcation involvement, periodontal-endodontic lesion, possible systemic involvement due to the presence of periodontitis, radiographic bone loss greater than 50%, presence of extensive caries, among others. On the other hand, a dental crown is a tooth-shaped "cap" that is placed over a tooth - to cover the tooth to restore its shape and size, strength, and improve its appearance. It may be needed to protect a weak tooth, to restore a broken tooth, to cover a tooth with a large filling, to hold a dental bridge, among others. In this case, treatment plan includes full mouth extractions with the transitional / temporary treatment of immediate upper and lower full mouth dentures for the first year. Physical examination showed that gum tissues were swollen, and recession was noted. There was objectively disclosed bacterial biofilm deposit in his teeth, and around his gum tissues. Radiographic results showed periodontal bone loss, and generalized periodontal abscess at the apices of his teeth. Surgical extraction, root canals, and crown placement are reasonable treatment options at this time. However, the physical examination failed to identify the teeth involved. Moreover, the present request as submitted failed to specify the teeth to be treated. The request is incomplete; therefore, the request for 1 TEETH TREATMENT REQUIRED RESTORATION, POSSIBLE ROOT CANALS, CROWNS, SURGICAL EXTRACTIONS, OR IMPLANTS BETWEEN 12/27/2013 AND 4/21/2013 is not medically necessary. CA MTUS and ODG do not address the issue of oral appliances. Per the NIH, non-invasive, reversible therapies are used in the initial treatment of symptomatic TMD. In many cases, TMD is self-limiting and often responds to simple measures such as eating soft foods, applying heat or ice, and avoiding extreme jaw movements (EX: wide yawning, gum chewing). Conservative treatments include: Pharmacological pain control: Nonsteroidal anti-inflammatory drugs(NSAIDs), opiates, muscle

relaxants and low-dose antidepressants may be useful for symptom management. Physical therapy: A variety of modalities may be employed, including active or passive jaw movement, application of heat/ice and vapocoolant spray followed by gentle stretching. Intra-oral appliances: The two most common intra-oral appliances are stabilization splints and anterior positioning appliances. Dental occlusal splinting and permanent occlusal adjustment have been a common TMJ disorder treatment. In this case, the rationale given for an Orthotic Musculoskeletal Trigeminal Appliance is to relieve facial muscle, ligament, and nerve impingement. It will serve to maintain the stomatognathic musculature at their proper resting length, from origin to insertion, thus decreasing pain and improving function. It will protect the teeth from extreme pressures and decrease the inter-capsular joint pressure placed upon the TMJ from clenching. It is to be worn during the daytime. However, it is unclear if patient was initially recommended to undergo other treatment options as stated above such as, physical therapy and hot / cold modalities. The request likewise failed to specify the oral appliance as the guidelines cited two diverse devices. The request is incomplete; therefore, the request for 1 MUSCULOSKELETAL TRIGEMINAL ORAL APPLIANCE BETWEEN 12/27/2013 AND 4/21/2014 is not medically necessary. Based on the aforementioned discussion, the request for 1 TEETH TREATMENT REQUIRED RESTORATION, POSSIBLE ROOT CANALS, CROWNS, SURGICAL EXTRACTIONS, OR IMPLANTS BETWEEN 12/27/2013 AND 4/21/2013: 1 MUSCULOSKELETAL TRIGEMINAL ORAL APPLIANCE BETWEEN 12/27/2013 AND 4/21/2014 is not medically necessary.