MAXIMUS Federal Services

Case Number:	CM14-0032851		
Date Assigned:	06/20/2014	Date of Injury:	04/16/2007
Decision Date:	07/18/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/14/2014

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 Dental Medicine 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:

This patient was involved in an industrial injury on April 16, 2007. [redacted], has diagnosed her with the following: 1. Bruxism secondary to industrially induced chronic pain, stress and medications; 2. Myofascial pain; 3. Mastication impairment; 4. Medication induced xerostomia; 5. Mild chronic periodontal disease; 6. No decay. Now, the doctor is requesting periodontal maintenance every three months, with fluoride application and a fluoride gel carrier.

IMR ISSUES, DECISIONS AND RATIONALES

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

Periodontal maintenance every three (3) months: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation online article http://www.ncbi.nlm.nih.gov/pubmed/19737263.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Evid Based Dent Pract. 2014 Jun;14 Suppl:33-41.e1. doi: 10.1016/j.jebdp.2014.02.007. Epub 2014 Feb 15.Periodontal debridement: still the treatment of choice. Drisko CL.

Decision rationale: This patient has been diagnosed with mild chronic periodontal disease. Per the cited article, it "appears that periodontal debridement (PD) remains the gold standard for the

treatment of inflammatory periodontitis" (Drisko, 2014). Therefore, periodontal maintenance every 3 months is medically necessary.

Topical application of fluoride every three months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation online article http://www.ncbi.nlm.nih.gov/pubmed/2699036.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Topical fluorides in caries prevention and management: a North American perspective. J Dent Educ. 2001 Oct;65(10): 1078-83. Newbrun E.

Decision rationale: The requesting physician has stated in his report that patient has "NO DECAY"; therefore, the patient has no carious lesions. Accordingly, this patient is not a high caries risk patient. "For non-cavitated smooth surface carious lesions in a moderate caries-risk patient, the appropriate fluoride regimen would be semiannual professional topical application of a fluoride varnish containing 5 percent NaF (22,600 ppm of fluoride)" (Newbrun, 2001). Patients with low caries risk do not need topical fluoride applications. Given the above, topical application of fluoride every three months is not medically necessary.

Fluoride gel carrier: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation online article http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3081266.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Topical fluorides in caries prevention and management: a North American perspective. J Dent Educ. 2001 Oct;65(10):1078-83. Newbrun E.

Decision rationale: The requesting physician has stated in his report that patient has "NO DECAY"; therefore, the patient has no carious lesions. Accordingly, this patient is not a high caries risk patient. "For non-cavitated smooth surface carious lesions in a moderate caries-risk patient, the appropriate fluoride regimen would be semiannual professional topical application of a fluoride varnish containing 5 percent NaF (22,600 ppm of fluoride)" (Newbrun, 2001). Patients with low caries risk do not need topical fluoride applications. Given the above, a fluoride gel carrier is not medically necessary.