

Case Number:	CM14-0039119		
Date Assigned:	06/27/2014	Date of Injury:	01/19/2011
Decision Date:	09/08/2014	UR Denial Date:	03/22/2014
Priority:	Standard	Application Received:	04/03/2014

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:

Records reviewed indicated that this is a 43 year old female with a date of injury of 1/19/2011. Under consideration is a prospective request 1 (one) emergency medical treatment of periodontal scaling (4 quadrants). Review of the submitted records indicate that the patient is being treated for traumatic injury to head/face, bruxism/clenching and grinding of the teeth and bracing of the facial muscles, myofascial pain of the facial musculature, trigeminal central sensitization, and industrially aggravated periodontal disease/gingival inflammation. The report dated 3/12/2014 by [REDACTED], DDS reveals complaints of clenching/grinding teeth and bracing facial musculature in response to industrially related orthopedic pain and/or any resultant emotional stressors. The patient also complains of facial pain, difficulty in chewing hard foods due to pain, and sleep disturbances and fatigue. Examination reveals palpable trigger points in the facial musculature, palpable and auscultated crepitus in the temporomandibular joints, teeth indentations/scalloping of the lateral borders of the tongue bilaterally; Microbial stains were applied in the patient's mouth, which objectively revealed: bacterial biofilm deposits on the teeth as well as around the gum tissues. Salivary tests revealed definite qualitative changes in the saliva. It is noted that the patient is in need of an obstructive airway oral appliance to treat the nocturnal obstructions of the airway as requested by the primary treating physician. While the available records indicate the presence of bacterial biofilm deposits on the teeth and the gum tissues, there is no indication within the submitted information that emergency scaling is required. Additionally, within this review, the request for 1 (one) periodontal scaling was recommended certified based on the clinical status of the patient and the findings of biofilm deposits about the teeth and gums. As the patient is certified for 1 (one) periodontal scaling, an additional scaling procedure is not necessary. Therefore, the request for 1 (one) emergency medical treatment of periodontal scaling (4 quadrants) is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Emergency medical treatment of periodontal scaling (4 quadrants): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine. Clinical Guideline For The Evaluation, Management And Long Term Care Of Obstructive Sleep Apnea In Adults. J Clin Med. 2009 Jun 15;5(3):263-76.

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: Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references].

Decision rationale: There is no clear rationale in the records provided for the need of an emergency periodontal scaling. And since the UR dentist has already authorized 1 (one) periodontal scaling, the request for emergency medical treatment of periodontal scaling (4 quadrants) is not medically necessary.

