

Case Number:	CM14-0040454		
Date Assigned:	08/01/2014	Date of Injury:	01/17/2003
Decision Date:	09/11/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/08/2014

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 reviewed indicate that this is a 53-year-old male which on 1/17/2003, while performing his usual and customary duties, he was involved in a motor vehicle accident injuring his head, jaw region, neck and right shoulder. QME [REDACTED] report dated 12/26/2011, has diagnosed this patient with capsulitis of the TMJ joint bilateral - slight Crepitus of the TMJ joint bilateral - slight, Myofascial pain and dysfunction - slight, Cephalgia - moderate, muscle spasm - localized slight to moderate, Myalgia - slight to moderate, [REDACTED] under his future care states that it would consist of the replacement of his oral orthotic appliance on the average of every 3 to 5 years depending on the amount of wear or breakage on the appliance. The requesting dentist [REDACTED] on 2/10/14 has issued a supplemental report regarding review of the QME report of [REDACTED]. [REDACTED] has requested authorization for reevaluation and diagnostic testing of this patient in order to address the issues of future care and treatment in this case as it has been approximately 10 years since he saw the patient... It is with a high degree of medical probability that this patient's malocclusion, caused by the numerous missing teeth, has worsened the TMJ disorder, and this needs to be evaluated. However, as stated by that utilization review dentist [REDACTED] DDS, UR report dated February 28, 2014, [REDACTED] has submitted this request for multiple evaluation procedures and diagnostics without having evaluated the patient himself since 2004. The utilization review dentist has denied these requests based on the absence of clinical findings to support the necessity of these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonography: Upheld

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 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: This IMR reviewer recommends [REDACTED] to first physically evaluate this patient's mouth/TMJ and his oral appliance equipment as it was recommended by [REDACTED] dentist every 3-5 years; And during this evaluation, if [REDACTED] has objective findings to support the need for all these dental procedures, then he should submit a separate request for authorization for these dental procedures after his dental evaluation. At this time, there is no documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, caries assessment to support this request. Absent further detailed documentation and clear rationale after a recent dental evaluation, the medical necessity for this request is not evident.

1 bilateral x-ray of temporomandibular joint: Upheld

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 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: This IMR reviewer recommends [REDACTED] to first physically evaluate this patient's mouth/TMJ and his oral appliance equipment as it was recommended by [REDACTED] dentist every 3-5 years; And during this evaluation, if [REDACTED] has objective findings to support the need for all these dental procedures, then he should submit a separate request for authorization for these dental procedures after his dental evaluation. At this time, there is no documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, caries assessment to support this request. Absent further detailed documentation and clear rationale after a recent dental evaluation, the medical necessity for this request is not evident.

1 neuromuscular alignment/diagnostic: Upheld

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 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: This IMR reviewer recommends [REDACTED] to first physically evaluate this patient's mouth/TMJ and his oral appliance equipment as it was recommended by [REDACTED] dentist every 3-5 years; And during this evaluation, if [REDACTED] has objective findings to support the need for all these dental procedures, then he should submit a separate request for authorization for these dental procedures after his dental evaluation. At this time, there is no documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, caries assessment to support this request. Absent further detailed documentation and clear rationale after a recent dental evaluation, the medical necessity for this request is not evident.

1 intraoral periapical x-rays: 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 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: At this time, there is no documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, caries assessment to support [REDACTED] requests for treating this patient. Therefore, diagnostic quality radiographs are necessary at this time for [REDACTED] to visualize each tooth/implant, the associated periodontium, and to evaluate for caries. Therefore 1 intraoral periapical x-ray is found to be medically necessary.

1 intraoral x-rays additional film: 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 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: At this time, there is no documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, caries assessment to support [REDACTED] requests for treating this patient. Therefore, diagnostic quality radiographs are necessary at this time for [REDACTED] to visualize each tooth/implant, the

associated periodontium, and to evaluate for caries. Therefore 1 intraoral x-ray additional film is found to be medically necessary.

1 bitewing radiographs: 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 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: At this time, there is no documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, caries assessment to support [REDACTED] requests for treating this patient. Therefore, diagnostic quality radiographs are necessary at this time for [REDACTED] to visualize each tooth/implant, the associated periodontium, and to evaluate for caries. Therefore 1 bitewing x-ray is found to be medically necessary.

1 panographic x-rays: 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 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: At this time, there is no documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, caries assessment to support [REDACTED] requests for treating this patient. Therefore, diagnostic quality radiographs are necessary at this time for [REDACTED] to visualize each tooth/implant, the associated periodontium, and to evaluate for caries. Therefore 1 panoramic x-ray is found to be medically necessary.

1 electromyography: Upheld

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 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: This IMR reviewer recommends [REDACTED] to first physically evaluate this patient's mouth/TMJ and his oral appliance equipment as it was recommended by [REDACTED] dentist every 3-5 years; And during this evaluation, if [REDACTED] has objective findings to support the need for all these dental procedures, then he should submit a separate request for authorization for these dental procedures after his dental evaluation. At this time, there is no documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, caries assessment to support this request. Absent further detailed documentation and clear rationale after a recent dental evaluation, the medical necessity for this request is not evident.

1 prosthetic evaluation study models: 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 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: Based on [REDACTED] report dated 12/26/2011, future care should consist of the replacement of his oral orthotic appliance on the average of every 3 to 5 years depending on the amount of wear or breakage on the appliance. Therefore this IMR reviewer finds this request of prosthetic evaluation to be medically necessary.

1 photographs/intraoral images: Upheld

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 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: This IMR reviewer recommends [REDACTED] to first physically evaluate this patient's mouth/TMJ and his oral appliance equipment as it was recommended by [REDACTED] dentist every 3-5 years; And during this evaluation, if [REDACTED] has objective findings to support the need for all these dental procedures, then he should submit a separate request for authorization for these dental procedures after his dental evaluation. At this time, there is no documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, caries assessment to support this request. Absent further detailed documentation and clear rationale after a recent dental evaluation, the medical necessity for this request is not evident.

1 pulp vitality test: Upheld

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 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: This IMR reviewer recommends [REDACTED] to first physically evaluate this patient's mouth/TMJ and his oral appliance equipment as it was recommended by [REDACTED] dentist every 3-5 years; And during this evaluation, if [REDACTED] has objective findings to support the need for all these dental procedures, then he should submit a separate request for authorization for these dental procedures after his dental evaluation. At this time, there is no documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, caries assessment to support this request. Furthermore, the request for 1 pulp vitality test is non-specific for which tooth. Absent further detailed documentation and clear rationale after a recent dental evaluation, the medical necessity for this request is not evident.

1 perio probe: Upheld

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 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: This IMR reviewer recommends [REDACTED] to first physically evaluate this patient's mouth/TMJ and his oral appliance equipment as it was recommended by [REDACTED] dentist every 3-5 years; And during this evaluation, if [REDACTED] has objective findings to support the need for all these dental procedures, then he should submit a separate request for authorization for these dental procedures after his dental evaluation. At this time, there is no documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, caries assessment to support this request. Furthermore, the request for one perio probe is non-specific for tooth number. Absent further detailed documentation and clear rationale after a recent dental evaluation, the medical necessity for this request is not evident.

1 diagnostic salivary study: Upheld

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 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: This IMR reviewer recommends [REDACTED] to first physically evaluate this patient's mouth/TMJ and his oral appliance equipment as it was recommended by [REDACTED] dentist every 3-5 years; And during this evaluation, if [REDACTED] has objective findings to support the need for all these dental procedures, then he should submit a separate request for authorization for these dental procedures after his dental evaluation. At this time, there is no documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, caries assessment to support this request. Absent further detailed documentation and clear rationale after a recent dental evaluation, the medical necessity for this request is not evident.