

Case Number:	CM14-0076304		
Date Assigned:	07/18/2014	Date of Injury:	03/12/2009
Decision Date:	08/15/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/26/2014

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 Psychologist and is licensed to practice in Oregon. 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:

The records provided reveal that this is 45-year-old female involved in an industrial injury on 3/12/2009. A utilization report dated May 15, 2014 reveals the providers previous summarized progress report from 5/9/2014, in which it was stated that the patient had cumulative effects of repetitive stress, anxiety, pain and harsh work conditions that contributed to jaw pain, teeth grinding and clenching causing TMJ pain. Patient's diagnosis was joint stiffness, jaw pain, xerostomia and sleep and stress related bruxism. Objectively palpation of the TMJ joints both intraorally and extraorally as well as both masseter muscles produced pain. Mild tenderness was found with biting to teeth #6-11 and #23-27. Percussion of teeth #7-10 produced mild tenderness and moderate tenderness to percussion of tooth #19 was found. There was mild tenderness to cold of teeth #6-11 and #23-26. Mild pulp vitality of teeth #3 and 10 was found. There was normal mobility of teeth and Periodontal probing was also normal. This treating dentist is requesting one Periodontal treatment, and one training session. A utilization review dentist has denied this request stating that the patient had no signs of periodontal disease up on examination, teeth mobility and periodontal probing were all within normal limits. Furthermore there was no evidence of red, swollen, or bleeding gums, persistent by the breath or bad taste in the mouth, receding gums or deep pocket formation that would confirm a diagnosis of periodontal disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Periodontal Treatment: Upheld

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 Dec9. 37p. [51 references].

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] Periodontal Evaluation 1. Extra- and intraoral examination to detect nonperiodontal oral diseases or conditions 2. Examination of teeth and dental implants to evaluate the topography of the gingiva and related structures; to measure probing depths, the width of keratinized tissue, gingival recession, and attachment level; to evaluate the health of the subgingival area with measures such as bleeding on probing and suppuration; to assess clinical furcation status; and to detect endodontic-periodontal lesions Assessment of the presence, degree, and/or distribution of plaque biofilm, calculus, and gingival inflammation.

Decision rationale: In this case, there is no documentation of claimant's current periodontal condition, and clinical examination including periodontal evaluation, dental x-rays, caries assessment to support the requests. The provider also states that periodontal probing were all within normal limits. Furthermore there was no evidence of red, swollen, or bleeding gums, receding gums or deep pocket formation that would confirm a diagnosis of periodontal disease. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Therefore 1 periodontal treatment is not medically necessary at this time.

One (1) Training Session: 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] periodontal evaluation: 1. Extra- and intraoral examination to detect nonperiodontal oral diseases or conditions 2. Examination of teeth and dental implants to evaluate the topography of the gingiva and related structures; to measure probing depths, the width of keratinized tissue, gingival recession, and attachment level; to evaluate the health of the subgingival area with measures such as bleeding on probing and suppuration; to assess clinical furcation status; and to detect endodontic-periodontal lesions Assessment of the presence, degree, and/or distribution of plaque biofilm, calculus, and gingival inflammation 4. Dental examination including caries assessment, proximal contact relationships, the status of dental restorations and prosthetic appliances, and other tooth- or implant-related problems 5. An occlusal examination that includes, but may not be limited to, determining the degree of mobility of teeth and dental implants, occlusal patterns and discrepancy, and determination of fremitus 6. Interpretation of current and comprehensive diagnostic-quality radiographs to visualize each tooth and/or implant in its

entirety and assess the quality/quantity of bone and establish bone loss patterns"3. Assessment of the oral hygiene status with reinstruction when indicated".

Decision rationale: UR Dentist on 04/2//14, has certified the request for 1 Mandibular Orthotic device and Fabrication of MN splint. Since this patient requires these orthotic devices, therefore this IMR reviewer finds the request of 1 training session to be medically necessary for "reinstruction" to the patient per medical reference cited above.