

Case Number:	CM14-0169745		
Date Assigned:	11/04/2014	Date of Injury:	04/10/2008
Decision Date:	01/02/2015	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/14/2014

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 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 50-year-old male patient with a date of injury on 04/10/08 and 05/08/09. There are no dental exam records available for review, only the UR report which summarizes the previous dental records. UR report dated 09/15/14, has reviewed previous dental records, stating: Treating Diagnosis: Other Specified Psychophysiological Malfunction Disturbance of Salivary Secretion Synovitis and Tenosynovitis, Unspecified Myalgia and Myositis. "In my discussion with [REDACTED], I asked that additional clinical records be forwarded to me and they were. The DMD stated the unspecified TMD therapy is with laser treatment of the joint and surrounding musculature." "There are no evidence-based guidelines for the use of lasers to treat temporomandibular disorders. Their use is experimental for TMD therapy. I recommend the treatment is non-certified." "The last documentation of a dental related visit was over a year ago in 7/2013. There have been no recent examination or visits related to dental/temporomandibular joint issues. A more recent examination is needed before any temporomandibular joint treatment can be recommended. I recommend the treatment is non-certified. Periodontal probings from 8/12 indicated the claimant did have periodontal disease, but the more recent dental report from [REDACTED] dated 7/13 indicated the claimant had excellent periodontal health and excellent periodontal condition. Since the most recent clinical information indicated the claimant is in "excellent dental health and excellent periodontal health. Periodontal charting and probings are within normal limits.' I recommend the treatment is non-certified. "

IMR ISSUES, DECISIONS AND RATIONALES

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

Unspecified TMD Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical medicine treatment, Temporomandibular joint disorders

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome

Decision rationale: In this case, there is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this Unspecified TMD Therapy request is not evident. Therefore, the request is not medically necessary at this time, per ACOEM guidelines and other cited guidelines.

Occlusal Guard: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical medicine treatment, Temporomandibular joint disorders

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

Decision rationale: In this case, there is no recent documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this Occlusal Guard request is not evident. Therefore, the request is not medically necessary at this time, per ACOEM guidelines.

Periodontal scaling and root plan/quadant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical medicine treatment

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3. 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

Decision rationale: In the records provided, there are no documentation of patient's current "Examination of teeth 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" as recommended by the medical reference mentioned above. Also, per UR dentist reviewed records, dental report from [REDACTED] dated 7/13 indicated the claimant had excellent periodontal health and excellent periodontal condition. Absent further recent detailed documentation and clear rationale, the medical necessity for this Periodontal scaling and root planing request is not evident. Therefore, the request is not medically necessary at this time, per ACOEM guidelines and other cited guidelines.

Re-evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical medicine treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Office visits

Decision rationale: Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. The ODG Codes for Automated Approval (CAA), designed to automate claims management decision-making, indicates the number of E&M office visits (codes [REDACTED]) reflecting the typical number of E&M encounters for a diagnosis, but this is not intended to limit or cap the number of E&M encounters that are medically necessary for a particular patient. Office visits that exceed the number of office visits listed in the CAA may serve as a "flag" to payers for possible evaluation, however, payers should not automatically deny payment for these if preauthorization has not been obtained. Note: The high quality medical studies required for treatment guidelines such as ODG provides guidance about specific treatments and diagnostic procedures, but not about the recommended number of E&M office visits. Studies have and are being conducted as to the value of "virtual visits" compared with inpatient visits; however the value of patient/doctor interventions has not been questioned. (Dixon, 2008) (Wallace, 2004) Based on the medical reference mentioned above, this IMR reviewer finds this request for a dental Re-Evaluation to be medically necessary to address this patient's dental condition.

Perio maintenance procedure with topical application of fluoride: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Dental trauma treatment and www.ncbi.nlm.gov/pubmed/7865075, Adv dent Res. 1994 Jul; 8(2); 190-201 Professional topical fluoride applications

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

Decision rationale: In the records provided, there is no documentation of patient's current "Examination of teeth 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" as recommended by the medical reference mentioned above. Also, per UR dentist reviewed records, dental report from [REDACTED] dated 7/13 indicated the claimant had excellent periodontal health and excellent periodontal condition. Absent further detailed recent documentation and clear rationale, the medical necessity for this Perio maintenance request is not evident. Therefore, the request is not medically necessary at this time, per the cited guidelines.

Perio maintenance procedure with 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 Official Disability Guidelines (ODG), Head, Dental trauma treatment and www.ncbi.nlm.gov/pubmed/7865075, Adv dent Res. 1994 Jul; 8(2); 190-201 Professional topical fluoride applications

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

Decision rationale: In the records provided, there is no documentation of patient's current "Examination of teeth 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" as recommended by the medical reference mentioned above. Also, per UR dentist reviewed records, dental report from [REDACTED] dated 7/13 indicated the claimant had excellent periodontal health and excellent periodontal condition. Absent further detailed recent documentation and clear rationale, the medical necessity for this Perio maintenance request is not evident. Therefore, the request is not medically necessary at this time, per the cited guidelines.

