

Case Number:	CM14-0187417		
Date Assigned:	11/17/2014	Date of Injury:	12/15/2006
Decision Date:	02/10/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/10/2014

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 Dentist 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 59 year old male received various injuries of an orthopedic nature over the course of his career including injuries to his neck, right elbow, back, right hip and both knees. The date of injury is December 15, 2006. Diagnoses include cervical degenerative disease with stenosis, right elbow tendinitis, lumbar degenerative disc disease, left knee internal derangement, right knee internal derangement, bruxism, deep anterior vertical overbite and advancing wear/attrition of tooth enamel. Treatment included right knee surgery, ligament reconstruction surgery, physical therapy and Synvisc One injections to the left knee. In report dated November 21, 2012, the injured worker complained of grinding his teeth at night, and as a result the teeth have worn down significantly and thinned. An MRI of the right knee showed tricompartmental osteoarthritis. He had meniscal fraying and degenerative changes. A request was made for bitewing radiographs, panoramic x-ray, electromyography, prosthetic evaluation/study models, tomography of TMJ to include 6 views, photographs/intraoral images, pulp vitality test, perio probe and diagnostic salivary study. On October 7, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

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: Dentomaxillofac Radiol. 1996 Jan;25(1):5-16. The use of bitewing radiographs in the management of dental caries: scientific and practical considerations. Pitts NB1.

Decision rationale: Per records reviewed and medical reference mentioned above, and pre-authorized TMJ consult, this IMR Reviewer finds this request for radiographs medically necessary to properly evaluate this patient's dental health. Per medical reference mentioned above, "There is good evidence that initial posterior bitewing radiographs are required for all new dentate patients over five years of age with posterior teeth. This procedure is required as an adjunct to clinical examination for the detection of caries on both the approximal and occlusal surfaces of the teeth." (Pitts, 1996).

Panographic xray: 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: Natl J Maxillofac Surg. 2012 Jan;3(1):2-9. doi: 10.4103/0975-5950.102138. Efficacy of plain radiographs, CT scan, MRI and ultra sonography in temporomandibular joint disorders. Sinha VP1, Pradhan H, Gupta H, Mohammad S, Singh RK, Mehrotra D, Pant MC, Pradhan R. PMID: 23251050.

Decision rationale: Per records reviewed and medical reference mentioned above, and pre-authorized Dental/TMJ consult, this IMR Reviewer finds this request for Panographic x-ray medically necessary to properly evaluate this patient's Dental condition. Per medical reference mentioned above, "Plain X-rays are useful for destructive bony changes and sonography is a good in aid in diagnosing disc derangement and is very economical." (Sinha VP 2012).

Electromyography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Sinha VP, Pradhan H, Guptah, Mohammad S, Singh RK, Mehrotra D, Pant MC, Pradhan R. Natl J Maxillofac Surg. 2012 Jan; 3(1)2-9Http://www.aetna.com/cpb/dental/data/DCPB0019.html.

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: Electromyography of masticatory muscles in craniomandibular disorders. Cooper BC1, Cooper DL, Lucente FE. Laryngoscope. 1991 Feb;101(2):150-7. PMID:1992265

Decision rationale: This patient has not been evaluated yet and there is no documentation of subjective complaints such as otalgia, dizziness, tinnitus, or fullness in the ear to justify the need

for an EMG per medical reference mentioned above. Per reference mentioned above, "Patients presenting to the otolaryngologist with complaints such as otalgia, dizziness, tinnitus, or fullness in the ear may be experiencing the effects of craniomandibular disorders... clinical electromyographic studies are an important aid in the treatment of craniomandibular disorders". Therefore this IMR reviewer finds this request for an EMG premature and not medically necessary at this time.

Tomography of TMJ to include 6 views (Right open, Left open, Right Closed, Left Closed, Right relaxed, Left relaxed): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Sinha VP, Pradhan H, Gupta, Mohammad S, Singh RK, Mehrotra D, Pant MC, Pradhan R. Natl J Maxillofac Surg. 2012 Jan; 3(1)2-9[Http://www.aetna.com/cpb/dental/data/DCPB0019.html](http://www.aetna.com/cpb/dental/data/DCPB0019.html).

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

Decision rationale: This patient has not been evaluated yet and there is no documentation of subjective and dental objective findings to medically justify the need for a Tomography. Per reference mentioned above, "A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder" (ACOEM 2004). Therefore this IMR reviewer finds this diagnostic request premature and not medically necessary at this time.

Prosthetic Eval/study Models: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Regence Group Dental Policy . Topic: Oral Examination (d0120)

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: Per records reviewed and medical reference mentioned above, and pre-authorized Dental/TMJ consult, this IMR Reviewer finds this request for Prosthetic Eval/study Models medically necessary to properly evaluate this patient's Dental condition. Per medical reference mentioned above, "Microbiologic, genetic, biochemical, or other diagnostic tests may also be useful, on an individual basis" (J Periodontal 2011).

Photographs/Intraoral Images: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Regence Group Dental Policy, Oral Examination 01/2001, Diagnostic Policy No. 1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); 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: Per records reviewed and medical reference mentioned above, and pre-authorized Dental/TMJ consult, this IMR Reviewer finds this request for Photographs/Intraoral medically necessary to properly evaluate this patient's Dental condition. Per medical reference mentioned above, " Microbiologic, genetic, biochemical, or other diagnostic tests may also be useful, on an individual basis" (J Periodontal 2011).

Pulp Vitality Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Regence Group Dental Policy. Topic: Oral Examination (d0120).

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: J Endod. 2013 Aug;39(8):965-9. doi: 10.1016/j.joen.2013.04.019. Epub 2013 May 21. Predictive values of thermal and electrical dental pulp tests: a clinical study. Villa-Chavez CE1, Patiño-Marín N, Loyola-Rodríguez JP, Zavala-Alonso NV, Martínez-Castañón GA, Medina-Solís CE.

Decision rationale: Based on the medical reference above, the pulp vitality test is not medically necessary. "The cold test was the most accurate methods for diagnostic testing." (J Endod. 2013).

Perio Probe: Overtaken

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Regence Group Dental Policy. Topic: Oral Examination (d0120).

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: Per records reviewed and medical reference mentioned above, and pre-authorized Dental/TMJ consult, this IMR Reviewer finds this request for Perio probe medically necessary to properly evaluate this patient's Dental condition. Per medical reference mentioned above, a comprehensive dental evaluation should include "Examination of teeth and dental

implants to evaluate the topography of the gingiva and related structures; to measure probing depths" (J Periodontal 2011).

Diagnostic Salivary Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Regence Group Dental Policy. Topic: Oral Examination (d0120).

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

Decision rationale: Since AME dentist has found no sign of dry mouth/xerostomia, this IMR reviewer finds this diagnostics salivary study request not medically necessary. Also there are no recent and/or sufficient subjective/objective documentation present from this consultation to medically justify the need for this request. Per medical reference mentioned above, "A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder."