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| Case Number: | CM14-0196331 | | |
| Date Assigned: | 12/03/2014 | Date of Injury: | 02/14/2009 |
| Decision Date: | 01/15/2015 | UR Denial Date: | 10/29/2014 |
| Priority: | Standard | Application Received: | 11/21/2014 |

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 52 year-old female with a 2/14/09 date of injury, when the patient was walking towards a register and she tripped on a corner of a floor mat and fell onto her right side. The patient was diagnosed with facial myofascial pain and aggravated periodontal disease/gum infections and inflammation. Treating dentist is requesting periodontal scaling every 3 months. UR dentist [REDACTED] DDS report dated 10/29/14 has authorized 1 time periodontal scaling 4 quadrants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Periodontal scaling (4 quadrants) every 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association Treating periodontal disease, Scaling and root planning

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: Even though periodontal cleaning maybe medically necessary for this patient at this time an indefinite request for every 3 months is not medically necessary. First, there must be a dental re-evaluation performed to determine any ongoing needs. Per cited guidelines, "periodontal evaluation and risk factors should be identified at least on an annual basis". Also, UR dentist has already authorized 1 periodontal scaling (4 Quadrant). Therefore, this IMR reviewer finds this indefinite request for every 3 months periodontal scaling not medically necessary.