

Case Number:	CM14-0208001		
Date Assigned:	12/22/2014	Date of Injury:	10/05/2009
Decision Date:	02/27/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Dentist

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 patient has been involved in a industrial injury on 10/05/2009. In response to his industrial related orthopedic pain, he has developed emotional stressors. The patient finds he is clenching his teeth and bracing his facial musculature, which has resulted in the patient developing facial and jaw pain. The patient also states that as a result of his bruxism/clenching and grinding of his teeth, he has resultantly fractured some of his teeth. Treating dentist has diagnosed this patient with chronic periodontal disease and is requesting periodontal maintenance every 2 months. UR dentist report 11/18/14 - In this case, considering that the claimant has periodontaldisease with probing depths greater than 5mm and with documentationof the presence of xerostomia, the medical necessity of periodontal maintenance with topical fluoride is evident. Thus, modification is recommended for one session ofperiodontal maintenance with topical fluoride and a re-evaluation after this session to determine ongoing needs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Periodontal maintenance every 2 months with topical 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, Head Procedure Summary

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 A comprehensive assessment of a patient's current health status, history of disease, and risk characteristics is essential to determine the periodontal diagnosis and prognosis of the dentition and/or the suitability of dental implants. P

Decision rationale: Even though periodontal cleaning maybe medically necessary every 2 months for this patient at this time, but an indefinite request for every 2 months is not medically necessary. First, there must be a dental re-evaluation performed to determine any ongoing needs on a yearly basis. Per reference mentioned above, "periodontal evaluation and risk factors should be identified at least on an annual basis". Therefore, this request is not medically necessary.