

Case Number:	CM14-0208610		
Date Assigned:	12/22/2014	Date of Injury:	03/15/2007
Decision Date:	02/11/2015	UR Denial Date:	11/20/2014
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. 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 61 year old male with date of injury on 03/15/2007, AME Doctor Roger Sohn report dated 02/22/2011 has diagnosed this patient with Lumbar strain, post total hip arthroplasty, right hip, Status post multiple right knee injuries with residual weakness of the quadriceps and chondromalacia, all on industrial basis. Treating Doctor [REDACTED] is requesting lifelong dental prophylaxis and annual follow up visit with ortho. 11/20/14 UR report [REDACTED] - there is lack of detailed dental evaluation report with documentation of claimant's current dental complaints, and clinical dental findings including oral examination. There is absent periodontal charting in order to evaluate the medical necessity of lifelong dental prophylaxis. Without a comprehensive periodontal evaluation, the medical necessity of this request is not established. Submitted report does not outline significant deficits related to the right hip as this claimant is now fully functional and has had no problems and interval deterioration. In addition, there is no submitted updated imaging to see if there is pathology in the right hip. Given these facts, the medical necessity is not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Life Long Dental Prophylaxis: 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, American Academy of Periodontology.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references].

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. Absent further detailed documentation and clear rationale, the medical necessity for this indefinite lifelong request for Dental Prophylaxis is not medically necessary. Also, there must be a dental re-evaluation performed to determine any ongoing needs. 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.

Annual Follow -up Visit with Ortho: 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); American Academy of Periodontology.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 3.

Decision rationale: Even though follow up visits maybe medically necessary for this patient at this time, but an indefinite annual follow -up visits are not medically necessary. First, there must be a re-evaluation performed with documentation for medical necessity, to determine any ongoing follow up needs. 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 request is not medically necessary.