

Case Number:	CM14-0031281		
Date Assigned:	06/25/2014	Date of Injury:	10/08/1998
Decision Date:	04/08/2015	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/12/2014

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:

The injured worker is a 55 year old female, who sustained an industrial injury on 10/08/1998. She has reported subsequent neck, back, shoulder and jaw pain and was diagnosed with chronic musculoligamentous strain of the cervical and lumbar spine, status post arthroscopic surgery of the right knee with persistent effusion and rheumatoid arthritis. In a progress note dated 12/10/2013, the physician noted that the injured worker had been seen on 11/04/2013 for a periodontal maintenance and re-evaluation appointment and that no clinical or radiographic signs of pathoses were found at the time of examination. The physician noted that periodontal maintenance was necessary every three months as it had been provided for the injured worker on an industrial accident related basis to control per-implantitis and any other gum infections. Requests for authorization of perio-prophylaxis D4910 x 4 and full mouth x-rays D0210 1x in 3 years was made. On 02/14/2014, Utilization Review modified a request for perio-prophylaxis D4910 x 4 to 2 x a year for a year, noting that the need for services beyond two times per year isn't justified due to stable examination findings and modified a request for full mouth x-rays D0210 1x in 3 years to 1x in 5 years noting that once per year every 5 years is appropriate for evaluation and maintenance management. ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Perio-prophylaxis D4910 4 x year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Periodontology J Periodontol 2011 Jul; 82(7):943-9. [133 references]
<http://www.guideline.gov/content.aspx?id=34760&search=periodontol+disease> Periodontal Evaluation.

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: Even though periodontal cleaning maybe medically necessary for this patient at this time, but an indefinite request for every 3 months (4x a year) is not medically necessary. First, 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 reviewer finds this request to be not medically necessary.

Full mouth x-rays D0210 1 x in 3 years: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Head Procedure Summary last updated 11/18/2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Periodontal Implant Sci. 2014 Feb; 44(1): 39-47. Published online 2014 Feb 26. doi: 10.5051/jpis.2014.44.1.39 PMID: PMC3945396 Advanced peri-implantitis cases with radical surgical treatment Shane J.J. McCreacor responding author Implant Soc. 1995;5(5):7-11. Radiographic modalities for diagnosis and treatment planning in implant dentistry. Garg AK1, Vicari A.1 Center for Dental Implants, Division of Oral/Maxillofacial Surgery & Dentistry, University of Miami School of Medicine, Florida, USA.

Decision rationale: Records reviewed indicate that this patient has dental implants. Per medical reference mentioned above, "Loss of bone at the implant surface may lead to loss of bone at any adjacent natural teeth or implants. Thus, if early detection of peri-implantitis has not occurred and the disease process progresses to advanced peri-implantitis, the compromised hard and soft tissues will require extensive, skill-sensitive regenerative procedures, including implantotomy, established periodontal regenerative techniques and alternative osteotomy sites" (McCrea 2014). Therefore, this reviewer finds this request for full mouth x-rays 1 in 3 years medically necessary for early detection of peri-implantitis.