

<b>Case Number:</b>	CM15-0007983		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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 62 year old female, who sustained an industrial injury on 3/13/2013 from a slip and fall injury landing on her face and mouth. The documentation noted on 12/2/14 she had clenching and/or grinding of her teeth, facial pain on the right and/or left side and difficulty in chewing hard foods due to pain in her face and tooth #9, feeling limited to opening of the mouth as compared to before the injury, speech difficulties on not being able to speak for extended periods of time due to this increasing their facial pain and/or hoarseness and/or a "cotton mouth" effect due to their dry mouth and sleep disturbances and fatigue. Physical examination noted palpable trigger points in the facial musculature, clicking, Crepitus noises were palpated and auscultated in the right and/or left temporomandibular joints verified and confirmed by ultrasonic doppler auscultation, teeth indentations/scalloping of the lateral borders of the tongue bilaterally, swollen gums and objectively-disclosed bacterial biofilm deposits on the teeth as well as around the gum tissues. X-rays revealed abscess tooth #9. Electromyogram revealed elevated facial musculature activity with in-coordination and aberrant function of the facial musculature. The diagnoses have included traumatic injury to the teeth and face; bruxism/clenching and grinding of the teeth and bracing of the facial muscles and myofascial pain of the facial musculature; trigeminal central sensitization According to the utilization review performed on 12/17/14, the requested full mouth periodontal scaling (4 quadrants) every 3 months; treat teeth as needed as per the generally accepted standards of dental practice; abscessed/traumatized teeth require restoration and/or root canals and/or crowns and/or surgical extractions; and/or implants with restorations on top of the implants to be determined by a

restoration dentist; immediate emergency medical treatment of a musculoskeletal trigeminal oral appliance to be replaced as needed; immediate emergency medical treatment of an obstructive airway oral appliance to be worn during sleep to be replaced or relined as needed and emergency medical treatment of full mouth periodontal scaling 4 quadrants has been non-certified. Rationale/Utilization review Determination noted that there was no objective information such as periodontal charting, bleeding points or radiographic calculus on X-rays to document this request. ODG, Head Chapter, Dental Trauma Treatment was used.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Full mouth 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 Official Disability Guidelines (ODG), Head Chapter, Dental Trauma treatment

**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 month 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"

#### **Treat teeth as needed per dental standards; abscessed/traumatized teeth require restoration and/or root canals and/or crowns and/or surgical extractions; and/or implants with restorations on top of the implants per restoration dentist.: 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), Head Chapter, Dental Trauma treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Dental trauma treatment (facial fractures) Recommended. Trauma to the oral region occurs frequently and comprise 5 percent of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury.

Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost

**Decision rationale:** This IMR reviewer is not clear on what the exact treatment will be for tooth #9. There is lack of clear rationale for a specific treatment plan. This vague request for "Treat teeth as needed per dental standards; abscessed/traumatized teeth require restoration and/or root canals and/or crowns and/or surgical extractions; and/or implants with restorations on top of the implants per restoration dentist" is not medically necessary.

**Immediate emergency medical treatment of a musculoskeletal trigeminal oral appliance to be replaced as needed:** 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), Head Chapter, Dental Trauma treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome:

**Decision rationale:** This IMR reviewer recommends phase (1) treatment for this patient's TMJ complaints and to include "Counseling and recommendations about avoidance of clenching and grinding of the teeth; eating a soft, non chew diet; use of moist heat on, and massage of, the masticatory muscles; and limitation of jaw motion. Because the patient has muscle spasm and pain, a muscle relaxant and an NSAID are prescribed. Diazepam and ibuprofen are commonly used." per medical reference mentioned above. This IMR reviewer believes Phase I treatment should be attempted and documented before any future proposed treatment.

**Immediate emergency medical treatment of an obstructive airway oral appliance to be worn during sleep to be replaced or relined as needed:** 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), Head Chapter, Dental Trauma treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Curr Treat Options Neurol. 2014 Aug;16(8):305. doi: 10.1007/s11940-014-0305-6. Advances in the treatment of obstructive sleep apnea. Young D1, Collop N. PMID:24957654

**Decision rationale:** There is insufficient rationale provided by the requesting dentist [REDACTED]. Due to the "Immediate emergency medical treatment" request, it may mean this patient has a severe case of sleep apnea, in which case per medical reference mentioned above "The first choice of treatment for patients with moderate or severe obstructive sleep apnea is continuous positive airway pressure (CPAP)" (Young D,2014), and not an oral appliance. At this

time this IMR reviewer finds this request for obstructive airway oral appliance to be not medically necessary.

**Emergency medical treatment of full mouth periodontal scaling 4 quadrants:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Dental Trauma treatment

**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:** Per medical reference mentioned above, "Removal of supra- and subgingival bacterial plaque biofilm and calculus by comprehensive, meticulous periodontal scaling and root planning" are part of the treatment plan for periodontal therapy (J Periodontol 2011). Since this patient has swollen gums and objectively-disclosed bacterial biofilm deposits on the teeth as well as around the gum tissues (periodontal disease), this IMR reviewer finds this request for one time root planning and scaling to be medically necessary.