

Case Number:	CM15-0108526		
Date Assigned:	06/15/2015	Date of Injury:	03/13/2013
Decision Date:	07/17/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/05/2015

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. The mechanism of injury is reported as a slip and fall, landing on her face and mouth. The injured worker was diagnosed as having bruxism and xerostomia. Oral x rays showed fracture of tooth #31 and decay of #16. Treatment to date has included therapy and medication management. In a progress note dated 4/28/2015, the injured worker presented for an oral examinations. Physical examination showed teeth indentations and scalloping of the lateral borders of the tongue. The treating physician is requesting treatment for tooth #31 and #16 per dental standards and periodontal scaling 4 quadrants every three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treat tooth #31 as needed per the generally accepted standards of dental practice: 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: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2).

Decision rationale: Records reviewed indicate that this patient was injured during a slip and fall, landing on her face and mouth. Patient was diagnosed as having bruxism and xerostomia. Oral x rays showed fracture of tooth #31 and decay of #16. Requesting dentist is recommending to treat tooth #31 as needed. However this is a non-specific treatment request. Absent further detailed documentation of a specific treatment plan and clear rationale, the medical necessity for this request is not evident. Per medical 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" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This reviewer recommends non- certification at this time. Therefore, the requested treatment is not medically necessary.

Treat tooth #16 as needed as per the generally accepted standards of dental practice:
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: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2).

Decision rationale: Records reviewed indicate that this patient was injured during a slip and fall, landing on her face and mouth. Patient was diagnosed as having bruxism and xerostomia. Oral x rays showed fracture of tooth #31 and decay of #16. Requesting dentist is recommending to treat tooth #16 as needed. However this is a non-specific treatment request. Absent further detailed documentation of a specific treatment plan and clear rationale, the medical necessity for this request is not evident. Per medical 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" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This reviewer recommends non-certification at this time. Therefore, the requested treatment is not medically necessary.

Periodontal scalling (4) quadrants, every three 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 Periodontol2011 Jul; 82(7):943-9. [133 references].

Decision rationale: In the records provided, there are insufficient 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 Periodontal scaling (4) quadrants, every three months request is not evident. This reviewer recommends non-certification at this time. Therefore, the requested treatment is not medically necessary.