

Case Number:	CM15-0137734		
Date Assigned:	07/28/2015	Date of Injury:	10/24/2008
Decision Date:	08/28/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/16/2015

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 52-year-old female, who sustained an industrial injury on 10/24/08. She reported pain in her jaw, neck and shoulders. The injured worker was diagnosed as having chronic periodontitis, sleep related hypoventilation/hypoxemia and bruxism. Treatment to date has included a nocturnal polysomnogram on 11/15/14 and oral pain medications. As of the PR2 dated 5/11/15, the injured worker reports frequent headaches, bleeding gums and frequent right facial area pain. Objective findings include palpable trigger points in the facial, neck and shoulder musculature, teeth indentation of the lateral borders of the tongue bilaterally and objective-disclosed bacterial biofilm deposits on the teeth and gums. The treating physician requested to treat tooth decay #11 and periodontal scaling (4 quadrants). Supplemental Panel QME report of [REDACTED] reviewed states that the bruxism appliance should be remade and that patient should subsequently return for follow up adjustments with [REDACTED]. Patient has also been diagnosed with mild form of obstructive sleep apnea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treat Tooth Decay #11: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Supplemental Panel QME report of [REDACTED] reviewed states that the bruxism appliance should be remade and that patient should subsequently return for follow up adjustments with [REDACTED]. Patient has also been diagnosed with mild form of obstructive sleep apnea. Also other records reviewed indicate that this patient reported pain in her jaw, neck and shoulders. She has been diagnosed with chronic periodontitis, sleep related hypoventilation/hypoxemia and bruxism. However, the requesting dentist is recommending a non-specific treatment plan. In this case to "treat tooth decay #11". It is unclear to this reviewer on what kind of specific dental treatment this dentist is recommending. Absent further detailed documentation and clear rationale for a specific dental treatment plan, 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.

Periodontal Scaling (4 quadrants): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Supplemental Panel QME report of [REDACTED] reviewed states that the bruxism appliance should be remade and that patient should subsequently return for follow up adjustments with [REDACTED]. Patient has also been diagnosed with mild form of obstructive sleep apnea. Also other records reviewed indicate that this patient reported pain in her jaw, neck and shoulders. She has been diagnosed with chronic periodontitis, sleep related hypoventilation/hypoxemia and bruxism. However 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 request is not evident. This reviewer recommends non-certification at this time.