

Case Number:	CM15-0139782		
Date Assigned:	07/30/2015	Date of Injury:	09/26/2011
Decision Date:	08/28/2015	UR Denial Date:	07/04/2015
Priority:	Standard	Application Received:	07/20/2015

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 39-year-old male who sustained an industrial injury on 9-26-11. He had complaints of head, face, mouth, neck and back pain. He required surgery that evening to replace 5 teeth lost in his mouth. Progress report dated 7/21/14 reports complaints of mouth pain hurts to open and feels like it will lock. Missing teeth noted. Diagnoses include bone loss suspect or percoronitis, TMJ, mild chronic rhino-sinusitis and cervical spine with osteoarthritis. Progress report dated 5/28/15 reports continued complaints pain in the head with heaviness in the head, neck and upper back. The pain is rated 6 out of 10 with pain medication and 9 out of 10 without pain medications. Current pain level is 8 out of 10. The pain is described as shooting and electric with pins and needles. Diagnoses include cervicalgia, lumbago, post-concussion syndrome, headache, and open wound of tooth due to trauma. Plan of care includes continue medications and request neurology consultation. Work status: working with restrictions no lifting and carrying over 20 pounds. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive periodontal exam: Overturned

Claims Administrator guideline: The Claims Administrator 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics guidelines for the diagnosis & treatment of periodontal diseases. Minneapolis (MN): HealthPartners Dental Group; 2011 Dec 9. 37 p. [51 references] Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7): 943-9.

Decision rationale: The letter dated 06/30/2015 from [REDACTED] states that periodontal chart has been attached and depths range from 2-9mm, even on teeth that are not planned for extraction. There are also heavy deposits on the lower anterior. She will begin with scaling and root planing all four quadrants. This is done in hopes of minimizing and/or eliminating the need for osseous surgery or other corrective procedures. Dentist will re-evaluate after scaling and root planing and extractions have been completed. Once periodontal issues have been resolved, they can move forward with implants. As stated in the reference above, treatment procedures indicated for patients with any periodontal disease should include "removal of supra- and subgingival bacterial plaque/biofilm and calculus by comprehensive, meticulous periodontal scaling and root planing." Since this patient has been diagnosed with periodontal disease and depths measuring up to 9mm, this reviewer finds this request for comprehensive periodontal exam is medically necessary to properly treat this patient's dental condition.