MAXIMUS Federal Services

Case Number:	CM15-0141123		
Date Assigned:	08/26/2015	Date of Injury:	01/11/2001
Decision Date:	09/28/2015	UR Denial Date:	07/06/2015
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 61 year old male with an industrial injury dated 01-11-2001. The injured worker's diagnoses include headaches and temporomandibular joint syndrome. Treatment consisted of diagnostic studies and periodic follow up visits. In a progress note dated 05-21-2015, the injured worker presented for reevaluation on 05-05-2015 and reported frequent severe headaches in the temple, forehead and occipital areas bilaterally, constant severe right and left facial pain, grinding noises in his temporomandibular joint area bilaterally, trauma to teeth, locking of the mandible, bleeding gums, clenching and bracing of the facial musculature in response to orthopedic pain and resultant emotional stressors, speech impairments, difficulty swallowing, difficulty masticating hard food and bite and occlusion feeling off due to his fascial muscular spasms. Objective findings revealed limited opening of the mouth to 30milimeter, pain upon palpitation in around right and left temporomandibular joints, crepitus noises in the temporomandibular joints, bacterial biofilm deposits on the teeth and gum tissues, and teeth indentations-scalloping of the lateral borders of the tongue bilaterally. The treating physician reported that the "electromyography (EMG) revealed elevated facial musculature activity with incoordination and aberrant function of the fascial musculature." The treating physician prescribed services for one obstructive airway oral appliance and one periodontal scaling 4 quadrants every 3 months, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 obstructive airway oral appliance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chiropr Man Therap. 2014 Dec 15; 22(1): 43 Doi: 10.1186/s12998-014-0043-6.

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 Medscape Reference: Obstructive Sleep Apnea Differential Diagnoses. Author: Ralph Downey III, PhD; Chief Editor: Zab Mosenifar, MD.

Decision rationale: Records reviewed indicate objective findings of limited opening of the mouth to 30milimeter, pain upon palpitation in around right and left temporomandibular joints, crepitus noises in the temporomandibular joints, bacterial biofilm deposits on the teeth and gum tissues, and teeth indentations-scalloping of the lateral borders of the tongue bilaterally. Treating physician is recommending one obstructive airway oral appliance. However, there is insufficient documentation in the records provided to medically justify this request. Also, a complete nocturnal polysomnographic respiratory sleep study report (from a board certified specialist in sleep medicine) is not available for review. There is insufficient rationale provided by the requesting dentist [redacted]. Per 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) This reviewer recommends this patient to be evaluated by a medical doctor/specialist who is board certified in sleep medicine to determine the severity of this patient's problem. At this time this reviewer finds this request for obstructive airway oral appliance to be not medically necessary.

1 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 Health Partners dental group and clinics treatment planning guidelines. Minneapolis (MN): Health Partners; 2009 Mar 23. 10 p. (21 references).

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: Records reviewed indicate that this patient had trauma to teeth, locking of the mandible, bleeding gums, clenching and bracing of the facial musculature in response to orthopedic pain and resultant emotional stressors, speech impairments, difficulty swallowing, difficulty masticating hard food and bite and occlusion feeling off due to his fascial muscular spasms. Treating dentist is recommending 1 periodontal scaling 4 quadrants every 3 months. However, 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". Therefore this reviewer finds this request to be not medically necessary.