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| Case Number: | CM15-0143204 | | |
| Date Assigned: | 08/04/2015 | Date of Injury: | 02/29/2012 |
| Decision Date: | 09/03/2015 | UR Denial Date: | 07/21/2015 |
| Priority: | Standard | Application Received: | 07/23/2015 |

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 43 year old female, who sustained an industrial injury on February 29, 2012. The injured worker reported walking into a metal object striking her in the face and a broken tooth. The injured worker was diagnosed as having dental disorder. Treatment to date has included x-rays, cervical collar, magnetic resonance imaging (MRI), physical therapy and medication. A qualified medical exam note dated May 22, 2015 provides the injured worker complains of headaches, migraines, neck pain, shoulder pain, back pain, jaw and tooth pain. She rates her dental pain 7-8 out of 10. Physical exam notes significant right facial pain and myalgia. There is crepitus of the temporomandibular joint. There is a request for periodontal scaling.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Periodontal Scaling (4 Quadrants): Overturned

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: Records reviewed indicate that tooth #4 was originally partially knocked out and fractured with other adjacent teeth to the area traumatized and emotionally distressed with cervical and orthopedic pain. Dental exam revealed tooth loss due to trauma. Patient complains of jaw and tooth pain rating dental pain 7-8 out of 10. Also, Panel QME [REDACTED] states that reasonable medical probability, patient's periodontal condition was aggravated on an industrial related basis and her hyposalivary condition and resulting Xerostomia were secondary to the medications. 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 been diagnosed with aggravated periodontal disease and xerostomia, this reviewer finds this request for 1 Periodontal Scaling (4 Quadrants) is medically necessary to prevent further dental decay.