

Case Number:	CM15-0144223		
Date Assigned:	08/05/2015	Date of Injury:	10/12/2010
Decision Date:	09/03/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/24/2015

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 45 year old male, who sustained an industrial injury on 10-12-10. He has reported initial complaints of emotional stressors as a result of the industrial injury orthopedic pain with clenching of teeth that resulted in facial and jaw pain. The diagnoses have included mild chronic periodontitis, xerostomia and bruxism. Treatment to date has included medications, diagnostics, and dental care. Currently, as per the physician initial dentist report exam note dated 5-14-15, the injured worker complains of jaw pain, tenderness, dry mouth, bad breath, headaches, grinding and clenching of the teeth. The diagnostic testing that was performed included x-rays of the teeth that were not noted in the records. The physical exam reveals that there is inflammation and teeth sensitive to percussion. The physician requested treatment included 3 month periodontal maintenance.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 month periodontal maintenance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics guidelines for the diagnosis and treatment of periodontal diseases. Minneapolis (MN): Health Partners Dental Group; 2011 Dec 9, 37p.

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: Report of [REDACTED] dated 06/12/15 states that patient has medication induced dry mouth. He further states that dry mouth decreased the quality and quantity of saliva and causes more decay and advancement of periodontal disease. 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 for 3-month periodontal maintenance not medically necessary.