

Case Number:	CM15-0190681		
Date Assigned:	10/02/2015	Date of Injury:	07/06/2011
Decision Date:	11/16/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/28/2015

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 29 year old male, who sustained an industrial injury on 7-06-2011. The injured worker was diagnosed as having sleep related hypoventilation/hypoxemia in conditions classifiable elsewhere. Treatment to date has included diagnostics and medications. On 6-22-2015, the injured worker was examined for evaluation and treatment of his "industrially related nocturnal obstructions of the airway". It was documented that diagnostics polysomnogram respiratory studies determined 3 episodes of obstructive apnea, and an "Apnea-Hypopnea Index of 1 episode of major obstruction of airflow occurring every hour". His complaints included weight gain, snoring, breathing through his mouth at night, waking with headaches, and "bite feels off". The treating physician documented that he "was also taking medications on an industrial basis which have the known side effects of causing and-or contributing to obstructions of the airway during sleep". Intra-oral exam noted visually apparent decayed tooth #30 and visually apparent bacterial biofilm deposits on his teeth and around his gum tissues. Also noted were teeth indentations-scalloping of the right and left lateral borders of his tongue and bite mark line-buccal mucosal ridging of the inner right and left cheeks. Multiple diagnostic studies were referenced. It was documented that diagnostic salivary tests objectively documented qualitative changes in his saliva. Review of medical records noted that body composition report (7-06-2015) noted a body mass index of 55.6%. Per the Request for Authorization dated 7-31-2015, the treatment plan included periodontal scaling (4 quadrants), non-certified by Utilization Review on 8-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

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: Records reviewed indicate that Intra-oral exam noted visually apparent decayed tooth #30 and visually apparent bacterial biofilm deposits on his teeth and around his gum tissues. Treating dentist is recommending periodontal scaling 4 quadrants. However in the records provided, there are insufficient 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 finds this request not medically necessary.