

Case Number:	CM15-0190802		
Date Assigned:	10/02/2015	Date of Injury:	04/26/2012
Decision Date:	11/16/2015	UR Denial Date:	09/04/2015
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 54 year old female, who sustained an industrial injury on 04-26-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for bilateral carpal tunnel syndrome, sleep difficulties with industrial related nocturnal airway obstruction, and aggravated periodontal disease. Medical records (04-23-2015 to 07-14-2015) indicate ongoing neck pain, mid and low back pain, bilateral shoulder, elbow and wrist pain, and bilateral knee, ankle and foot pain. Pain levels were not mentioned, and activity levels and level of functioning were not discussed. The IW's work status was not specified. An examination of nocturnal airway obstruction (07-14-2015) reports clinching and grinding of the teeth at night in response to pain and stress, waking with facial pain and headaches, clicking and locking of the jaw, and dry mouth. The exam reported recessing of the gums. Relevant treatments have included: bilateral carpal tunnel releases, physical therapy (PT), work restrictions, and medications. Medications included Zolpidem which reportedly is known to have side effects causing or contributing to obstructions of the airway. The request for authorization (08-19-2015) shows that the following dental service was requested: periodontal scaling (4 quadrants). The original utilization review (09-04-2015) non-certified the request for periodontal scaling (4 quadrants).

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head - Dental trauma treatment (facial fractures).

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 has recessing of the gums and dentist has diagnosed this patient with aggravated periodontal disease and gingival inflammation. 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.