

Case Number:	CM15-0206521		
Date Assigned:	10/23/2015	Date of Injury:	08/17/2009
Decision Date:	12/09/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/20/2015

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 43 year old male, who sustained an industrial injury on 8-17-09. The injured worker was diagnosed as having bruxism-clenching and grinding of his teeth. Subjective findings (6-15-15, 9-18-15) indicated the injured worker wakes with jaw soreness due to nighttime clenching and grinding. He reported increased pain in the temporomandibular joints and teeth sensitivity to cold. Objective findings (6-15-15, 9-18-15) revealed inflammatory pockets up to 6mm with generalized bleeding and inflammation of the gums. Treatment to date has included a psychiatric evaluation and mouth guard. The Utilization Review dated 10-13-15, non-certified the request for periodontal scaling, 4 quadrants, full mouth scaling/surgical debridement to be performed on all 4 quadrants every 3 months, mandibular orthopedic repositioning device purchase, treatment of teeth #7 and #8 and fractured teeth require restoration, and or root canals and or crowns and or surgical extractions and or implants with restorations on top of implants.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 patient was diagnosed as having bruxism-clenching and grinding of his teeth. Patient wakes with jaw soreness due to nighttime clenching and grinding. He reported increased pain in the temporomandibular joints and teeth sensitivity to cold. Objective findings revealed inflammatory pockets up to 6mm with generalized bleeding and inflammation of the gums. 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 periodontal disease by panel QME [REDACTED], this reviewer finds this request for periodontal scaling 4 quadrants to be medically necessary to prevent further decay.

Full mouth scaling/surgical debridement to be performed on all 4 quadrants every 3 months: 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: 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 Full mouth scaling/surgical debridement to be performed on all 4 quadrants every 3 months not medically necessary.

Mandibular orthopedic repositioning device purchase: 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 Bruxism Management , Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA. Appliance Therapy.

Decision rationale: Records reviewed indicate that patient was diagnosed as having bruxism-clenching and grinding of his teeth. Patient wakes with jaw soreness due to nighttime clenching

and grinding. He reported increased pain in the temporomandibular joints and teeth sensitivity to cold. Objective findings revealed inflammatory pockets up to 6mm with generalized bleeding and inflammation of the gums. Panel QME report of [REDACTED] dated 07/14/15 has diagnosed this patient with bruxism clenching and grinding of the teeth and bracing of the facial muscles. He further recommends intraoral splint therapy. Per reference mentioned above, "The type of appliance that has been studied and suggested as helpful in managing the consequences of nocturnal bruxism is the flat-planed stabilization splint, also called an occlusal bite guard, bruxism appliance, bite plate, and night guard. This appliance can vary in appearance and properties. It may be laboratory processed or constructed in the dental office and be fabricated from hard or soft material. The typical appliance covers either all of the maxillary or mandibular teeth. No determination has been made whether significant differences exist in terms of outcome between soft, hard, mandibular, or maxillary splints, but some clinicians feel that soft splints can increase clenching behavior in some patients. But even if no appreciable change occurs in nocturnal behavior consequent to splint therapy, the appliance serves to protect the dentition." Therefore based on the records reviewed, along with the findings and reference mentioned above, as well as methods used in Dentistry, this reviewer finds this request for one mandibular orthopedic repositioning device purchase to be medically necessary to properly treat this patient's dental condition.

Treatment of teeth #7 and #8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed indicate that patient was diagnosed as having bruxism-clenching and grinding of his teeth. Patient wakes with jaw soreness due to nighttime clenching and grinding. He reported increased pain in the temporomandibular joints and teeth sensitivity to cold. Panel QME dentist has recommended treatment of the incisal edge chipping on #7 and 8 be treated with veneer restoration, composites, or crowns. Treating dentists is recommending to Treatment of teeth #7 and #8. However the requesting dentist is recommending a non-specific treatment plan In this case to treat teeth #7 and 8 as needed. It is unclear to this reviewer on what kind of specific dental treatment this dentist is recommending. Absent further detailed documentation and clear rationale for a specific dental treatment plan, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented for this request. This reviewer finds this request not medically necessary at this time.

Fractured teeth require restoration, and or root canals and or crowns and or surgical extractions and or implants with restorations on top of implants: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed indicate that patient was diagnosed as having bruxism-clenching and grinding of his teeth. Patient wakes with jaw soreness due to nighttime clenching and grinding. He reported increased pain in the temporomandibular joints and teeth sensitivity to cold. Panel QME dentist has recommended treatment of the incisal edge chipping on #7 and 8 be treated with veneer restoration, composites, or crowns. Treating dentists is recommending to treat fractured teeth. However the requesting dentist is recommending a non-specific treatment plan In this case to treat as needed. It is unclear to this reviewer on what kind of specific dental treatment this dentist is recommending. Absent further detailed documentation and clear rationale for a specific dental treatment plan, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented for this request. This reviewer finds this request not medically necessary at this time.