

Case Number:	CM15-0206550		
Date Assigned:	10/26/2015	Date of Injury:	08/17/2009
Decision Date:	12/09/2015	UR Denial Date:	10/12/2015
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 8-17-2009. The injured worker is undergoing treatment for: capsulitis, temporomandibular joint pain, periodontal disease, and pain to the neck, back, shoulders, buttock and left knee. On 9-18-15, noted review of QME report dated 6-18-15 in which the injured worker is noted to have reported jaw soreness from nighttime clenching and grinding, increased temporomandibular joint pain and sensitivity to his teeth to cold, as well as neck pain he felt caused him to clench and grind his teeth. The QME examination is noted to have revealed "inflammatory pockets up to 6 mm with generalized bleeding and inflammation of the gums", ropey acidic saliva. X-rays are noted to have revealed horizontal bone loss around the teeth. There is notation of recommendation of repair for fractured teeth numbers 7 and 8. There is no discussion of scaling and root planning being completed. The treatment and diagnostic testing to date has included: QME (6-16-15), x-rays of the mouth and teeth (date unclear), oral appliances, psychiatric QME (6-25-15), Medications have included: advil. Current work status: restricted. The request for authorization is for: bone replace graft 1st site-qu tooth number 3, 15, 18, 31 (4 sites); guided tissue regen (membrane) resorb per tooth number 3, 15, 18, 31; osseous surgery 4 per quad LL, LR, UL, UR (4 quadrants of the mouth); Perio scale and root planning 4 plus per quad LL, LR, UL, UR (4 quadrants of the mouth). The UR dated 10-12-2015: non-certified the request for bone replace graft 1st site-qu tooth number 3, 15, 18, 31 (4 sites); guided tissue regen (membrane) resorb per tooth number 3, 15, 18, 31; osseous surgery 4 per quad LL, LR, UL, UR (4 quadrants of the mouth); Perio scale and root planning 4 plus per quad LL, LR, UL, UR (4 quadrants of the mouth).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone replace graft 1st site/qu tooth #3, 15, 18 and 31 (4 sites): 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): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed, and panel QME report of [REDACTED] has diagnosed this patient with bruxism/clenching and grinding of the teeth and bracing of the facial muscles, xerostomia and aggravated periodontal disease, consequences arising from the orthopedic injury. [REDACTED] objective findings also include incisal edge chipping on teeth #7 and 8. Clinical notes dated 09/22/15 from requesting dentist [REDACTED] and [REDACTED] is available, which vaguely states under objective findings deep pockets, bone loss, periodontal disease with bone loss. He states that his findings and treatment are the same as the QME [REDACTED], and [REDACTED] plan is scaling and root planning, osseous sx 1-3 teeth 4 quads, bone graft and membrane 3,15,18,31, teeth #7 #8 have chips. However there are insufficient specific dental objective findings regarding teeth #3, 15, 18, and 31, in both requesting dentist and panel QME dental reports. Absent further detailed documentation and clear rationale, 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 for Bone replace graft 1st site/qu tooth #3, 15, 18 and 31 (4 sites) not medically necessary at this time.

Guided tissue regen (membrane) resorb- per tooth #3, 15, 18 and 31 (4 sites): 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): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed, and panel QME report of [REDACTED] has diagnosed this patient with bruxism/clenching and grinding of the teeth and bracing of the facial muscles, xerostomia and aggravated periodontal disease, consequences arising from the orthopedic injury. [REDACTED] objective findings also include incisal edge chipping on teeth

#7 and 8. Clinical notes dated 09/22/15 from requesting dentist [REDACTED] and [REDACTED] is available, which vaguely states under objective findings deep pockets, bone loss, periodontal disease with bone loss. He states that his findings and treatment are the same as the QME [REDACTED], and [REDACTED] plan is scaling and root planning, osseous sx 1-3 teeth 4 quads, bone graft and membrane 3,15,18,31, teeth #7 #8 have chips. However there are insufficient specific dental objective findings regarding teeth #3, 15, 18, and 31, in both requesting dentist and panel QME dental reports. Absent further detailed documentation and clear rationale, 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 for Guided tissue regen (membrane) resorb- per tooth #3, 15, 18 and 31 (4 sites) not medically necessary at this time.

Osseous surgery 4 - per quad LL, LR, UL, UR (4 quadrants of the mouth): 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): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed, and panel QME report of [REDACTED] has diagnosed this patient with bruxism/clenching and grinding of the teeth and bracing of the facial muscles, xerostomia and aggravated periodontal disease, consequences arising from the orthopedic injury. [REDACTED] objective findings also include incisal edge chipping on teeth #7 and 8. Clinical notes dated 09/22/15 from requesting dentist [REDACTED] and [REDACTED] is available, which vaguely states under objective findings deep pockets, bone loss, periodontal disease with bone loss. He states that his findings and treatment are the same as the QME [REDACTED], and [REDACTED] plan is scaling and root planning, osseous sx 1-3 teeth 4 quads, bone graft and membrane 3,15,18,31, teeth #7 #8 have chips. However there are insufficient specific dental objective findings regarding teeth #3, 15, 18, and 31, in both requesting dentist and panel QME dental reports. Absent further detailed documentation and clear rationale, 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 for Osseous surgery 4 - per quad LL, LR, UL, UR (4 quadrants of the mouth) not medically necessary at this time.

Perio scale and root planing 4 - per quad LL, LR, UL, UR (4 quadrants of the mouth): 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, and panel QME report of [REDACTED] has diagnosed this patient with bruxism/clenching and grinding of the teeth and bracing of the facial muscles, xerostomia and aggravated periodontal disease, consequences arising from the orthopedic injury. [REDACTED] objective findings also include incisal edge chipping on teeth #7 and 8. Clinical notes dated 09/22/15 from requesting dentist [REDACTED] and [REDACTED] is available, which vaguely states under objective findings deep pockets, bone loss, periodontal disease with bone loss. 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, this reviewer finds this request for Perio scale and root planning 4 - per quad LL, LR, UL, UR (4 quadrants of the mouth) to be medically necessary to prevent further teeth decay in this patient.