

Case Number:	CM15-0020866		
Date Assigned:	02/10/2015	Date of Injury:	02/21/1997
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/04/2015

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 62-year-old female, with a reported date of injury of 02/21/1997. The diagnoses include traumatic injury to teeth, dry mouth, and capsulitis of the temporomandibular joint (TMJ). Treatments have included teeth cleaning and fluoride treatment. The progress report dated 08/27/2014 indicates that the injured worker complained of jaw pain, grinding of teeth, and dry mouth. The objective findings included dry mouth, grinding teeth, and myofascial pain. Teeth cleaning and fluoride treatment was performed. The treating physician requested Peridex mouthwash. It was noted that the injured worker needed prophylaxis and fluoride treatment every three months due to dry mouth, which was the side effect of the medications she was taking. On 01/07/2015, Utilization Review (UR) denied the request for Peridex mouthwash, noting that the documentation failed to reveal findings suggestive of gingivitis. The National Guideline Clearinghouse as cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Peridex mouthwash: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation JOURNAL OF Periodontology, Parameter on Chronic Periodontitis With Slight to Moderate Loss of Periodontal Support Volume 71 Number 5 May 2000 (Supplement)

Decision rationale: Records reviewed and in [REDACTED] DDS PR2 report dated 08/26/14, patient has been diagnosed with traumatic injury to teeth, xerostomia and TMJ capsulitis. In the records provided there is insufficient documentation regarding this patient's periodontal condition. Per reference above from Journal of Periodontology, for initial therapy of periodontal disease should include: Antimicrobial agents or devices may be used as adjuncts. Therefore this IMR reviewer finds Peridex oral rinse not medically necessary for this patient due to insufficient documentation regarding this patient's periodontal condition.