

Case Number:	CM15-0021668		
Date Assigned:	02/11/2015	Date of Injury:	03/16/2012
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/05/2015

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 53 year old male, who sustained an industrial injury on March 16, 2012. He has reported being assaulted by a co-worker. The diagnoses have included bilateral traumatic injury to the teeth and mandible, bilateral generalized deterioration of dentition and periodontium. Treatment to date has included medications, use of an unspecified appliance, pain management, psychotherapy, and radiological imaging. Currently, the IW complains of oral follow-up after an assault. The records indicate a facial computed tomography scan on May 28, 2014, revealed a right orbital fracture, blood in the right maxillary sinus and soft tissue swelling. A panorex taken on December 2, 2014, reveals severe periodontally compromised teeth numbers 3, and 5, no remaining upper teeth, and implants present at 12, 13, 14, and 15, number 19 was supra-erupted, a bridge at 29, 30, and 31, and teeth 21, 22, 23, 24, 25, 26, 27 and 28 had severe bone loss. The records indicate teeth 2, 5, 19-27 were un-restorable. An evaluation by an oral surgeon was completed in September 2014, and recommendation was made to remove the remaining teeth and replace them with implants due to severe periodontal disease and little bone mass to retain the teeth. He is also found to have pain on palpation of bilateral temporomandibular joints. On January 7, 2015, Utilization Review non-certified deep scaling, root planning and perio maintenance every 3 months for 1 year, and consultation with oral surgeon consult for implants. Non-MTUS guidelines were cited. On February 4, 2015, the injured worker submitted an application for IMR for review of deep scaling, root planning and perio maintenance every 3 months for 1 year, and consultation with oral surgeon consult for implants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep Scaling Root Planning and Perio Maintenance Every 3 months for 1 year: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/676782>, "Critical Probing Depths" in Periodontal Therapy

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.

Decision rationale: Records reviewed indicate that this patient has severe periodontally compromised teeth. As stated in the reference above, treatment procedures indicated for patients with any periodontal disease should include "removal of supra- and subgingival bacterial plaque/biofilm and calculus by comprehensive, meticulous periodontal scaling and root planing." Therefore this reviewer finds this request for deep scaling root planning and perio maintenance every 3 months for 1 year medically necessary.

Consultation with Oral Surgeon consult for Implants: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Page 127.

Decision rationale: Records reviewed indicate that this patient had right orbital fracture with blood in the right maxillary sinus and soft tissue swelling. Also implants present at 12, 13, 14, and 15, number 19 was supra-erupted. Based on ACOEM Guidelines, Chapter 7, Page 127, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. This IMR reviewer finds this request for oral surgeon consult to be medically necessary to address this patient's dental and facial injury. This patient may benefit from additional expertise.