

<b>Case Number:</b>	CM15-0213123		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	10/12/2010
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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 45 year old male, who sustained an industrial injury on 10-12-2010. The injured worker is undergoing treatment for: psychogenic disorder, hypertension, bruxism, irritable bowel syndrome, gastroesophageal reflux disease, insomnia. On 5-14-15, the provider noted vitality testing being completed on teeth 4 and 5 and both were indicated to have been non-responsive, a fracture of tooth 5 is noted. The provider noted planned osseous surgery after scaling and root planning of the upper right quadrant. The provider noted the injured worker had medication induced dry mouth with related decreased quality and quantity of saliva causing more decay and periodontal disease. On 6-23-15, he is noted to have had blood pressure issues that are now better controlled. His blood pressure is noted to be 123 over 82. On 8-31-15, he is noted to be status post bone graft of right upper teeth. There are no objective findings regarding the mouth or teeth. The treatment and diagnostic testing to date has included: oral x-rays (date unclear). Medications have included: cozaar, omeprazole. The request for authorization is for: one periodontal scaling (4 quadrants) every 3 months. The UR dated 10-26-2015: modified to one periodontal scaling (4 quadrants) every 3 months for up to nine months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 periodontal scaling (4 quadrants) every three months: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Health partners dental group and clinics guidelines. Minneapolis (MN): Healthpartners dental group; 2011 Dec 9. 37p.

**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 had medication induced dry mouth with related decreased quality and quantity of saliva causing more decay and periodontal disease. Dentist is recommending 1 periodontal scaling (4 quadrants) every three months. 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 based on the records reviewed, along with the findings and reference mentioned above, this reviewer finds this request to be not medically necessary.