

Case Number:	CM15-0217531		
Date Assigned:	11/09/2015	Date of Injury:	03/28/2014
Decision Date:	12/21/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/04/2015

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:

This is a 55 year old female who sustained a work-related injury on 3-28-14. She injured the front of her body including her face during a slip and fall incident. She broke one tooth on the lower left side of her mouth. Medical record documentation on 9-15-15 indicated the injured worker reported pain in the right side of her mouth, facial pain, pain in her jaw joints and teeth pain and felt that her bite was off. Objective findings included no lateral deviation with mandibular range of motion and no pain with inter-incisional opening. She had mild pain with bilateral temporomandibular joint palpation and mild crepitus in the bilateral temporomandibular joints. She had large deep caries on Tooth #2 with no abscesses, fractures or abfraction lesions. Tooth #2 responded sensitive to bite. Upon periodontal evaluation she had generalized gingival inflammation and mild-moderate attachment loss. She had generalized moderate plaque and calculus. Diagnoses included bruxism, arthralgia of the temporomandibular joints, generalized mild and localized moderate chronic periodontitis, localized dental caries #2 and loss of tooth #21 due to trauma. A request for Tooth #2 endodontic treatment of root canal therapy, a post, build up, crown lengthening surgery and crown; 4 quadrants of sealing and root planning; possible four quadrants of periodontal osseous surgery; and a hard acrylic occlusal splint (oral orthotic) was received on 9-30-15. On 10-6-15, the Utilization Review physician determined Tooth #2 endodontic treatment of root canal therapy, a post, build up, crown lengthening surgery and crown; 4 quadrants of sealing and root planning; possible four quadrants of periodontal osseous surgery; and a hard acrylic occlusal splint (oral orthotic) was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tooth #2 endodontic treatment of root canal therapy, a post, build up, crown lengthening surgery and a crown: 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 Official Disability Guidelines (ODG) Head Chapter.

Decision rationale: Records reviewed indicate that patient has large deep caries on Tooth #2 with no abscesses, fractures or abfraction lesions. Tooth #2 responded sensitive to bite. Upon periodontal evaluation she had generalized gingival inflammation and mild-moderate attachment loss. She had generalized moderate plaque and calculus. Diagnoses included bruxism, arthralgia of the temporomandibular joints, generalized mild and localized moderate chronic periodontitis, localized dental caries #2 and loss of tooth #21 due to trauma. Dentist is recommending Tooth #2 endodontic treatment of root canal therapy, a post, build up, crown lengthening surgery and crown; Per reference mentioned above, "crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury." 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 tooth #2 endodontic treatment of root canal therapy, a post, build up, crown lengthening surgery and a crown to be medically necessary to properly treat this patient's tooth #2.

4 quadrants of sealing and root planing: 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.

Decision rationale: Records reviewed indicate that patient has large deep caries on Tooth #2 with no abscesses, fractures or abfraction lesions. Tooth #2 responded sensitive to bite. Upon periodontal evaluation she had generalized gingival inflammation and mild-moderate attachment loss. She had generalized moderate plaque and calculus. Diagnoses included bruxism, arthralgia of the temporomandibular joints, generalized mild and localized moderate chronic periodontitis, localized dental caries #2 and loss of tooth #21 due to trauma. Dentist is recommending 4 quadrants of sealing and root planing. 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." Since this patient has been diagnosed with generalized mild and

localized moderate chronic periodontitis, this reviewer finds this request for one 4 quadrants of sealing and root planing medically necessary to prevent further tooth decay.

Possible 4 quadrants of periodontal oseous surgery: 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 indicate that patient has large deep caries on Tooth #2 with no abscesses, fractures or abfraction lesions. Tooth #2 responded sensitive to bite. Upon periodontal evaluation she had generalized gingival inflammation and mild-moderate attachment loss. She had generalized moderate plaque and calculus. Diagnoses included bruxism, arthralgia of the temporomandibular joints, generalized mild and localized moderate chronic periodontitis, localized dental caries #2 and loss of tooth #21 due to trauma. Dentist is recommending possible 4 quadrants of periodontal oseous surgery. However, there are insufficient documentation in the records provided to medically justify this possible request for periodontal oseous surgery. 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 in for this request. This reviewer finds this request to be not medically necessary.

A hard acrylic occiusal splint (oral orthotic): 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 has large deep caries on Tooth #2 with no abscesses, fractures or abfraction lesions. Tooth #2 responded sensitive to bite. Upon periodontal evaluation she had generalized gingival inflammation and mild-moderate attachment loss. She had generalized moderate plaque and calculus. Diagnoses included bruxism, arthralgia of the temporomandibular joints, generalized mild and localized moderate chronic periodontitis, Dentist is recommending a hard acrylic occiusal splint (oral orthotic). Per medical reference mentioned above, "Occlusal splints are generally appreciated to prevent tooth wear and injury and perhaps reduce night time clenching or grinding behavior rather than altering a causative malocclusion. In addition, they are unlikely to significantly reducing nocturnal behavior. 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." Therefore, this reviewer finds this request for occlusal splint to be medically necessary to prevent further tooth wear from the clenching and grinding behavior in this patient.