

Case Number:	CM15-0220494		
Date Assigned:	11/13/2015	Date of Injury:	05/02/2002
Decision Date:	12/24/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/09/2015

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 61 year old female, who sustained an industrial injury on 5-2-2002. The medical records indicate that the injured worker is undergoing treatment for aggravated periodontal disease. According to the progress report dated 10-21-2015, the injured worker presented with complaints of acute pain in the right molar area. The physical examination reveals tooth #2 (maxillary molar) hypersensitive to percussion, chewing discomfort, and very inflamed gingival tissue. Previous diagnostic studies were not indicated. The original utilization review (10-29-2015) had non-certified a request for osseous auto bone graft, bone replacement graft first site, and guided tissue regeneration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Osseous auto bone graft: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation, <http://www.aetna.com/cpb/dental/data/DCPB0013.html>.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed indicate that patient presented with complaints of acute pain in the right molar area. The physical examination reveals tooth #2 (maxillary molar) hypersensitive to percussion, chewing discomfort, and very inflamed gingival tissue. Diagnosis is aggravated periodontal disease. Dentist is recommending osseous auto bone graft. However there is insufficient documentation provided to medically justify this non-specific request for "osseous auto bone graft". 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 not medically necessary at this time.

Bone replacement graft first site: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.aetna.com/cpb/dental/data/DCPB0002.html>.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed indicate that patient presented with complaints of acute pain in the right molar area. The physical examination reveals tooth #2 (maxillary molar) hypersensitive to percussion, chewing discomfort, and very inflamed gingival tissue. Diagnosis is aggravated periodontal disease. Dentist is recommending Bone replacement graft first site. However there is insufficient documentation provided to medically justify this non-specific request for "Bone replacement graft first site". 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 not medically necessary at this time.

Guided tissue regeneration: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation,
<http://www.aetna.com/cpb/dental/data/DCPB0002.html>.

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 presented with complaints of acute pain in the right molar area. The physical examination reveals tooth #2 (maxillary molar) hypersensitive to percussion, chewing discomfort, and very inflamed gingival tissue. Diagnosis is aggravated periodontal disease. Dentist is recommending Guided tissue regeneration. However there is insufficient documentation provided to medically justify this non-specific request for "Guided tissue regeneration". 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 not medically necessary at this time.