

<b>Case Number:</b>	CM15-0043629		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	10/17/1996
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 64 year old female, who sustained an industrial injury on 10/17/1996, after a fall, resulting in neck and back injuries. The injured worker was diagnosed as having head injury, unspecified, myalgia and myositis, unspecified, disturbance of salivary secretion, and other specified psychophysiological malfunction. Treatment to date has included surgical (back surgery in 2009 and 2011) and conservative measures, including diagnostics, medications, psychiatry, and acupuncture. Currently, the injured worker complains of continued dry mouth, with grinding and clenching of teeth. The treatment plan included periodontal maintenance every 2 months, with topical fluoride therapy, and fluoride trays, to maintain dentition and prevent decay or periodontal disease from developing. A physical examination of her oral cavity was not noted. This exam was noted as a follow-up to 12/2014 evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Periodontal maintenance every 2 months with topical fluoride therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator 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.  
[http://www.guideline.gov/content.aspx?id=34760&search=periodontal disease.](http://www.guideline.gov/content.aspx?id=34760&search=periodontal+disease)

**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 this patient has dry mouth with grinding and clenching of teeth. Treating dentist is requesting periodontal maintenance every 2 months with topical fluoride therapy. Even though periodontal maintenance cleaning and fluoride every 2 months may be medically necessary for this patient at this time, but an indefinite request for every 2 months 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".

**Fluoride trays:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman: Cecil textbooks of medicine, 22nd ed., Chapter 467 - Disease of the mouth and salivary glands.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evid Based Dent. 2014 Jun;15(2):38-9. DOI: 10.1038/sj.ebd.6401019, ADA clinical recommendations on topical fluoride for caries prevention.

**Decision rationale:** Per requesting dentist report dated 2/5/15, patient needs fluoride tray to maintain her dentition and to prevent decay or periodontal disease from developing and xerostomia and bruxism can cause further decay, periodontal disease and teeth fracture. Per reference mentioned above, "Recommendations For individuals at risk of dental caries: 2.26% fluoride varnish or 1.23% fluoride (APF) gel, or prescription strength, home-use 0.5% fluoride gel or paste, or 0.09% fluoride mouth rinse for children who are aged six or over. The panel judged that the benefits outweighed the potential for harm for all professionally applied and prescription strength, home-use topical fluoride agents and age groups except for children aged less than six years." Therefore, this reviewer finds this request for fluoride trays to be medically necessary to prevent decay and periodontal disease in this patient.