

<b>Case Number:</b>	CM15-0058096		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 male, who sustained an industrial injury on 10/05/2009. Diagnoses have included xerostomia, bruxism, caries and periodontal disease. Treatment to date has included diagnostics, scaling and root planning. Per the Supplemental Report dated 12/18/2014, and Supplemental Report dated 10/09/2014, the injured worker reported on 10/09/2014 for follow-up of scaling and root planing performed in all four quadrants. Physical examination revealed reduction in probing depths and improved tissue tone, however probing depths that are still greater than 5mm. The plan of care included multiple extractions and implants, crowns and periodontal maintenance. Authorization was requested for an occlusal night guard with 4-6 follow-up appointments to monitor transmandibular joint (TMJ) and muscular response to therapy and if symptoms persist, a referral to an oral and maxillofacial surgeon. UR dentist states that on 11/18/14 the claimant was certified for a occlusal night guard with 4 follow up appointments for monitor the TMJ and muscular response to therapy. Requesting dentist [REDACTED] report dated 12/18/14 is available for review which he also states that occlusal guard has been approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occlusal Night Guard:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Regence Group Dental Policy. Topic: Occlusal Guard and Cummings: Otolaryngology: Head & Neck Surgery, 4th Ed. Mosby, Inc. Pp. 1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome.

**Decision rationale:** Records reviewed indicate that on 11/18/14 the claimant was certified for a occlusal night guard with 4 follow up appointments for monitor the TMJ and muscular response to therapy. Requesting dentist [REDACTED] report dated 12/18/14 is available for review which he also states that occlusal guard has been approved. Per reference mentioned above, regarding treatment of TMJ, "home therapy and medications are continued, but at this point, a bite appliance is made for the patient." However there is insufficient documentation regarding why this patient needs another occlusal night guard. Therefore this reviewer finds this request for additional occlusal night guard not medically necessary.

**4-6 Follow-Up Appointments to monitor TMJ and Muscular response to therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=34760&search=periodontal+disease> - Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol. 2011 Jul;82(7):943-9. [133 references] and Goldman: Cecil Textbook 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 ODG Guidelines Office visits Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment.

**Decision rationale:** Records reviewed indicate that on 11/18/14 the claimant was certified for a occlusal night guard with 4 follow up appointments for monitor the TMJ and muscular response to therapy. However there is insufficient documentation in [REDACTED] report dated 12/18/14 regarding why this patient needs additional follow up appointments to monitor TMJ and muscular response to therapy. Per reference mentioned above, "The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." However, this reviewer does not believe this has been sufficiently documented in this case. Therefore this reviewer finds this request not medically necessary.

**Referral to Oral and Maxillofacial surgeon if symptoms persist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Records reviewed indicate that plan of care for this patient includes multiple extractions and implants, crowns and periodontal maintenance. 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. Therefore this reviewer finds this request for Referral to Oral and Maxillofacial surgeon if symptoms persist to be medically necessary to address this patient's dental injury. This patient may benefit from additional expertise if their symptoms persists.