

Case Number:	CM15-0084141		
Date Assigned:	05/06/2015	Date of Injury:	07/03/2006
Decision Date:	06/15/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/01/2015

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 63-year-old female, who sustained an industrial injury on 7/03/2006. She reported twisting the left knee and an additional slip and fall injury with a head and right hand injuries. She subsequently developed low back pain as well. She is status post left total knee replacement and lumbar spine surgery. Diagnoses include spinal discopathy and knee arthrosis. Treatments to date include activity modification, aquatic therapy, physical therapy, medication therapy, and an oral mouth guard. Currently, she complained of no new documented complaints. On 11/18/14, the periodontal examination documented right and left lateral excursion of 10 mm, a click/pop of left TM joint, minimal pain of the left TM joint, and minimal pain to palpation of bilateral masseter, temporalis, lateral pterygoid space as well as additional areas. The treatment diagnoses included cephalgia, myalgia, capsulitis/inflammation of left TM joint, osteoarthritis bilateral TM joints, severe Xerostomia and dental caries in teeth #3, 4, 13, 14, 30, and 31, as well as chronic generalized periodontitis, and acute pulpal hyperemia and chronic infection, tooth #14. The plan of care included periogard oral rinse, as directed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Periogard oral rinse: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Statement by the American Academy of Periodontology.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Dent (Tehran). 2015 Jan; 12(1):1-10. Antimicrobial effect of zataria multiflora extract in comparison with chlorhexidine mouthwash on experimentally contaminated orthodontic elastomeric ligatures. Aghili H1, Jafari Nadoushan AA2, Herandi V3.

Decision rationale: Records reviewed indicate that this patient has findings of tooth sensitivity with dental decay. Patient also has severe Xerostomis and dental caries in teeth #3, 4, 13, 14, 30, and 31, as well as chronic generalized periodontitis, and acute pulpal hyperemia and chronic infection, tooth #14. Patient has been approved for three surface composite and periodontal prophylaxis with referral to endodontist for root canal treatment of tooth #15. Per medical reference mentioned above, "Chlorhexidine mouthwash completely eliminated all tested microorganisms." Therefore, this reviewer finds this request for Periogard oral rinse medically necessary as an oral prophylaxis for this patient to prevent further decay.