Case Number:	CM15-0085195		
Date Assigned:	05/07/2015	**Date of Injury:**	03/26/2012
Decision Date:	06/26/2015	**UR Denial Date:**	04/07/2015
Priority:	Standard	**Application Received:**	05/04/2015

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:

The injured worker is a 36 year old male, who sustained an industrial injury on 3/26/12. The diagnoses have included nocturnal obstructions of the airway and aggravated periodontal disease/gingival irritation. Treatment to date has included diagnostic studies. Currently, as per the physician progress note dated 1/27/15, the injured worker complains of weight gain of 10 pounds, snoring, mouth breathing, clicking noises in the right and left temporomandibular joints, constant pain in the right and left temporomandibular joints, jaw is locking, self-manipulation of the jaw back into position and speech difficulties with hoarseness due to dry mouth. The physical exam of the muscular system reveals pain elicited and objective trigger points and taut bands were found upon palpation of the right masseter muscle and left masseter muscle. The mandibular range of motion upon exam reveals maximum interincisal opening of 51 millimeters without pain, maximum right lateral excursion of 10 millimeters without pain, maximum left lateral excursion of 10 millimeters without pain and maximum protrusion of 7 millimeters without pain. The intra-oral exam reveals at maximum intercuspation : class I occlusion, overbite 3 millimeters, overjet 3 millimeters, malampati scale #4, Freidman scale n#4, tongue size large, teeth #19 and #30 were missing, fractured tooth #15, visually apparent decayed teeth #8 and #9, recession of the gum tissues. The objective clinical findings of the parafunctional activities confirming bruxism/clenching and bracing of the facial musculature were that there were teeth indentations /scalloping of the right and left lateral borders of his tongue and bite mark line buccal mucosal ridging of the inner left cheek. The diagnostic testing that was performed included ultrasonic Doppler auscultation analysis which reveals internal derangements/ dislocations of the discs and crepitus sounds were ultrasonically auscultated in the right and left temporomandibular joints upon translational and lateral movements of the mandible. Electromyography (EMG) studies of the masseter, anterior temporalis, sternocleidomastoid, and trapezius muscles reveal elevated muscular activity with incoordination and aberrant function of

the facial musculature. The diagnostic temperature gradient studies reveal abnormal temperature readings comparing one side of the facial musculature to the other side. The diagnostic simulated snoring test reveals a high degree of dorsalization of his tongue base and pharyngeal collapse at his tongue base level which is highly predictive of obstructions of his airway during sleep. The diagnostic salivary flow and buffering tests reveal dry mouth, lips and tongue, no pooling of saliva in the mouth, decreased salivary flow, ropey saliva, cloudy saliva and acidic salivary environment with PH of 6.0. The diagnostic photographs reveal bite mark lines on the inside of the left cheek and the photographs document the xerostomia/anti- cholinergic side effect where due to the qualitative changes of the saliva , a tongue depressor sticks to the inside of the cheek even without being held by the hand. The treatment plan was for obstructive airway oral appliance, nasal dilator, facial muscle re-programmer for behavioral management, Continuous positive airway pressure (CPAP) treatment recommended to be used with an obstructive airway oral appliance and dental treatment of scaling and gingival treatments, fluoride and saliva substitutes due to the industrial related anti-cholinergic condition with industrial aggravated periodontal disease and gingival inflammation. The physician noted that the injured worker has undergone polysomnographic study where it is documented that he has nocturnal obstructions of the airway and the injured worker has attested to not tolerating wearing a Continuous positive airway pressure (CPAP) mask or nasal paraphernalia for treatment of the nocturnal obstructions of the airway. Therefore, he will require immediat e treatment. The physician requested treatment included periodontal scaling (4 quadrants) and Obstructive airway oral appliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Periodontal scaling (4 quadrants): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Online Version - Dental trauma treatment (facial fractures); http:www.nabi.nim.nih.gov/pubmedhealth/PMH0026290/.

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 Periodontol2011 Jul; 82(7):943-9. [133 references].

Decision rationale: In the records provided, there are insufficient documentation of patient's current "Examination of teeth to evaluate the topography of the gingiva and related structures; to measure probing depths, the width of keratinized tissue, gingival recession, and attachment level; to evaluate the health of the subgingival area with measures such as bleeding on probing and suppuration; to assess clinical furcation status; and to detect endodontic-periodontal lesions" as recommended by the medical reference mentioned above. Absent further detailed documentation and clear rationale, the request is not medically necessary. This IMR reviewer recommends non-certification at this time.

Obstructive airway oral appliance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head,

Sleep aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Curr Treat Options Neurol. 2014 Aug;16(8):305. doi: 10.1007/s11940-014-0305-6.Advances in the treatment of obstructive sleep apnea. Young D1, Collop N. PMID:24957654.

Decision rationale: Records reviewed indicate that this patient has undergone polysomnographic study where it is documented that he has nocturnal obstructions of the airway and the injured worker has attested to not tolerating wearing a Continuous positive airway pressure (CPAP) mask or nasal paraphernalia for treatment of the nocturnal obstructions of the airway. Medical reference mentioned above states "For patients with mild OSA, other treatments may be considered including positional therapy, weight loss, or oral appliances." Therefore per medical records reviewed, the polysomnographic study findings and the medical reference mentioned above, this reviewer finds this request for Treatment of obstructive airway with oral appliance to be medically necessary.