

Case Number:	CM15-0089431		
Date Assigned:	05/13/2015	Date of Injury:	05/20/2014
Decision Date:	07/03/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/08/2015

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 32 year old male, who sustained an industrial injury on 5/20/2014. He reported while pulling a pallet jack, the right knee buckled causing him to fell backward and subsequently developed increased pain in the right knee with popping and locking. Diagnoses include right knee pain and right knee sprain/strain. Treatments to date include activity modification, medication management, physical therapy, chiropractic therapy. Currently, the medical records indicated ongoing right knee pain with development of sleep disturbances and chest pain with difficulty breathing from weight gain experienced after the injury. On 5/20/14, the injured worker was sent for diagnostic polysomnogram respiratory studies where it was determined he did have nocturnal obstruction of the airway and determined it was industrially related. He complained of clenching, grinding teeth, snoring, waking up with headaches and clicking noises in the right and left temporomandibular joints and dry mouth. The treating diagnoses included nocturnal obstruction of the airway and aggravated periodontal disease/gingival inflammation. The plan of care included an obstructive airway oral appliance. The appeal request is for periodontal scaling (four quadrants) every three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Periodontal scaling (4 quadrants) D4341 - every 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/24197669>.

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 patient complained of clenching, grinding teeth, snoring, waking up with headaches and clicking noises in the right and left temporomandibular joints and dry mouth. Requesting dentist is recommending periodontal scaling every 3 months. However, even though periodontal cleaning maybe medically necessary for this patient, but an indefinite request for every 3 month 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." Therefore, this reviewer finds this request to be not medically necessary.