

Case Number:	CM14-0133315		
Date Assigned:	08/22/2014	Date of Injury:	06/25/2012
Decision Date:	09/11/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/20/2014

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. The expert reviewer is licensed in Dentistry, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old individual who sustained an injury on 06/25/12. The patient reported that a rolling chair slipped out from under, which caused the patient to fall injuring the back, left arm, and left knee as well as the hips. Treating dentist [REDACTED], in his report dated 08/11/14 states: Upon examination, I determined the patient exhibits: Scalloping of the lateral borders of her tongue bilaterally, Bite mark lines on the insides of her cheeks bilaterally, Palpable trigger points and taut bands in the right and left temporalis muscles, Palpable trigger points and taut bands in the right and left masseter muscles, Clicking noises in the right TMJ, Crepitus noises in the right and left TMJ areas. [REDACTED] is requesting: "Emergency medical treatment of periodontal scaling, 4 quadrants" UR dentist on 08/08/14 states: The patient had Orthopedic Qualified Medical Re-Evaluation on 12/05/13 which documented that the patient was temporarily totally disabled. Future medical treatment included dental consultation with a specialist in temporomandibular joint (TMJ). I have reviewed the clinical information submitted for the injured worker. There are no dental radiographs that have been submitted with this case. The diagnosis of periodontal disease is made with periodontal charting and dental radiographs. Neither has been submitted in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Emergency medical treatment of periodontal scaling, 4 quadrants per 07/28/14 form:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated 06/09/14); Dental trauma treatment (facial fractures).

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references] Periodontal Evaluation.

Decision rationale: In the records provided, there are no 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 medical necessity for this request is not evident. The request is not medically necessary.