

Case Number:	CM14-0142552		
Date Assigned:	09/10/2014	Date of Injury:	09/25/2013
Decision Date:	10/27/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	09/02/2014

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 Board Certified 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:

Records reviewed indicate that this is a 50 year-old female injured and fell at work on 2/25/2013. Requesting [REDACTED] report dated 06/20/14 states: Intra-oral examination, Upon examination, I determined the patient exhibits: - At maximum interception: Class II occlusion - Overbite: 4 mm Overjet: 2 mm, Malampati Scale: # 4, Friedman Scale: # 4, Tongue Size: Large, Teeth # 1,3, 11, 12, 16, 17-19, and 30-32 were missing
DIAGNOSIS: 327.26-Nocturnal Obstructions of the Airway Requiring the Nationally Accepted Standard of Care Treatment of an Obstructive Airway Oral Appliance. 523.42- Aggravated Periodontal Disease / Gingival Inflammation
 treatment plan: -Obstructive Airway Oral Appliance -Nasal Dilator -Facial Muscle Re-programmer for Behavior Management -CPAP Treatment Recommended to be used simultaneously with an. Obstructive Airway Oral Appliance-Dental Treatment of Scalings and Gingival Treatments, Fluoride, Saliva Substitutes due to the industrially related anti cholinergic condition with industrially aggravated Periodontal Disease / Gingival Inflammation. UR report dated 07/30/14 states: Based on the documentation provided, periodontal scaling 4 quadrants every 3 months is not medically necessary. I was not provided with any clinical charting, periodontal charting, or radiographs to review. I was not provided with any documentation to support the medical necessity of periodontal scaling 4 quadrants every 3 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 q 3 months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Periodontal Evaluation A comprehensive assessment of a patient's current health status, history of disease, and risk characteristics is essential to determine the periodontal diagnosis and prognosis of the dentition and/or the suitability of dental implants

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. This IMR reviewer recommends non-certification at this time. This IMR reviewer will reconsider the request for periodontal scaling once missing exam findings mentioned above are available for review.