

Case Number:	CM14-0168807		
Date Assigned:	10/16/2014	Date of Injury:	06/09/2011
Decision Date:	11/18/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/13/2014

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 33 year old male with a date of injury of 6/9/2011 falling on his face damaging his teeth. He stated his tooth has become dark in color and the crowns on his lower right and left teeth came out a couple of weeks after his fall. He noted not experiencing any pain. Pertinent objective findings included tooth #9 discolored with a dead nerve. Cold test was negative and tapping elicited moderate pain. Lift off pressure caused mild pain. Mild widening of the PDL was seen on radiographs. Tooth #19 revealed previous root canal with missing crown and decayed roots and was determined the tooth was non-restorable. On tooth #19 only, the root tip was remaining. There was no evidence of TMJ symptoms. Plan of the treating dentist [REDACTED] states on 09/29/14: tooth #9: Root Canal, post, build up, crown. Certified by UR tooth #31 non restorable, extract, bone graft, membrane, implant abutment, crown. Certified by UR tooth #19 non restorable, extract, bone graft, membrane, implant abutment, crown. UR report dated October 07 2014 states: The patient is not a candidate for periodontal scaling and root planning. The current request for periodontal scaling and root planning involves a deep cleaning of the oral structures and is generally considered as oral maintenance for findings not reported by the provider. [REDACTED] reporting indicates that the patient has injuries specific to teeth 9, 19 and 31, yet no findings of established periodontal disease warranting periodontal cleaning is reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LL Perio Scale and Root Pin 4 Plus Per Quad: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Dental Trauma Treatment (Facial Fractures)

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

1 LR Perio Scale and Root Pin 4 Plus Per Quad: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Dental Trauma Treatment (Facial Fractures)

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

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1 UL Perio Scale and Root Pin 4 Plus Per Quad: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Dental Trauma Treatment (Facial Fractures)

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

1 UR Perio Scale and Root Pin 4 Plus Per Quad: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Dental Trauma Treatment (Facial Fractures)

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

