MAXIMUS Federal Services

Case Number:	CM14-0211901		
Date Assigned:	01/02/2015	Date of Injury:	08/10/2005
Decision Date:	02/19/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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:

Records reviewed indicate that this is a 54 year old female patient with date of injury on 08/10/05. AME dentist states that patient has a periodontal condition that is industrially related and needs to be treated on an industrial basis. Treating dentist is requesting full mouth periodontal scaling every 3 months with two different kinds of oral appliances. His objective findings include limited mouth opening, palpable rigger points, EMG, Temperature gradient study, pain upon palpation, diagnostic salivary flow test, swollen gums, bacterial biofilm deposits, teeth indentations and autonomic nervous system test.11/14/14 UR Dentist [redacted] Report - there is no indication that the claimant has failed initial medical treatment and is intolerant to CPAP. It is noted that the claimant has been using the previous obstructive airway oral appliance, but there is no documentation of benefit from the appliance. Furthermore, a severe form of obstructive sleep apnea that requires emergency treatment should be treated in a sleep apnea medical facility. Hence, the medical necessity of an obstructive airway oral appliance is not established. The claimant was previously certified for a musculoskeletal trigeminal appliance. It is unclear if this approved orthotic appliance was fabricated and delivered to the claimant and resulted in improvement of the claimant's symptoms. There is no documentation of clear rationale for the repeat request of the musculoskeletal trigeminal appliance. Thus, non-certification is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Full Mouth Periodontal Scaling on all 4 Quadrants every 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Periodontologyhttp://www.guideline.gov/content.aspx?id=34760&search=periodontal+disease Periodontal Evaluation

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

Decision rationale: Even though periodontal cleaning maybe medically necessary for this patient at this time, 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".

Immediate Emergency Medical Treatment of an Obstructive Airway Oral Appliance (to be worn during sleep): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/dental/data/DCPB0018.html

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: 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: The severity of this patient's airway obstruction is not clear to this reviewer. There is lack of information in requesting dentist [redacted] reports. Also, nocturnal polysomnographic respiratory sleep study report is missing and there is insufficient rationale provided by the requesting dentist [redacted]. Due to the " Immediate emergency medical treatment" request, it may mean this patient has a severe case of sleep apnea, in which case per medical reference mentioned above "The first choice of treatment for patients with moderate or severe obstructive sleep apnea is continuous positive airway pressure (CPAP)" (Young D,2014), and not an oral appliance. At this time this IMR reviewer finds this request for obstructive airway oral appliance to be not medically necessary.

Immediate Emergency Medical Treatment of Musculoskeletal Trigeminal Oral Appliance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings: Otolaryngology: Head & Neck Surgery, 4th Ed, Mosby, Inc page 1565-1568

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: Bruxism Management , Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA. Appliance Therapy.

Decision rationale: [redacted] DDS is recommending the patient to wear an Orthotic Appliance indefinitely due to her facial myofascial pain and bruxism. AME has noted that patient was certified for a musculoskeletal trigeminal appliance in 2012. Per reference mentioned above, "Occlusal splints are generally appreciated to prevent tooth wear and injury and perhaps reduce night time clenching or grinding behavior rather than altering a causative malocclusion" (Burgess). Therefore this IMR reviewer finds this request for Musculoskeletal Trigeminal Oral Appliance to be medically necessary to alleviate this patient's facial myofascial pain and bruxism.