

Case Number:	CM14-0052870		
Date Assigned:	07/07/2014	Date of Injury:	08/27/1997
Decision Date:	03/26/2015	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/21/2014

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:

This 46-year-old male reported a work-related injury on 8/27/1997. The mechanism of injury was not included in the documents reviewed. Diagnoses include open margin on bridge from tooth #2 to #4, open contact between teeth #30 and #31 and generalized chronic periodontitis. The letter included with the pre-authorization request states the injured worker (IW) has issues with chronic teeth clenching which is related to his original injury. The clenching of the teeth wears them down, causing shifting and food impaction between the teeth, which leads to the periodontal disease now present. Previous treatments were not listed. The treating provider requests full mouth sealing and root planing. The Utilization Review on 4/1/2014 non-certified full mouth sealing and root planing, citing CA MTUS and ODG recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Full Mouth Scaling and Root Planing: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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.

Decision rationale: Records reviewed indicate that this patient has generalized chronic periodontitis from teeth clenching causing shifting and foot impaction between the teeth leading to periodontal disease. As stated in the reference above, treatment procedures indicated for patients with any periodontal disease should include "removal of supra- and subgingival bacterial plaque/biofilm and calculus by comprehensive, meticulous periodontal scaling and root planing." Therefore this IMR reviewer finds this request for full mouth scaling and root planing x1 medically necessary.