MAXIMUS Federal Services

Case Number:	CM15-0002864		
Date Assigned:	01/13/2015	Date of Injury:	02/15/2012
Decision Date:	03/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/06/2015

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 patient was involved in an industrial injury on 02/15/13 CT, with patient complaints including of mid to lower back pain and bilateral upper extremity pain involving forearms, wrist, hands and fingers. Dentist has diagnosed this patient with nocturnal obstructions of the airway and aggravated periodontal disease. Treating dentist is requesting full month periodontal scaling and obstructive airway oral appliance on an emergency basis.

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 HealthPartners Dental Group and Clinics Treatment Planning Guidelines. minneapolis (MN): HealthPartners; 2009 Mar 23. 10 p.

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

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."

Obstructive Airway Oral Appliance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epstein LJ, Kristo D, Strollo PJ Jr, Friedman n, Malhotra A, Patil SP, Ramar K, Rogers R, Schwab Rl, Weaver Em, Weinstein MD, Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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: 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.