

<b>Case Number:</b>	CM15-0010341		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	03/07/2000
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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:

The injured worker is a 59 year old male who sustained an industrial injury on 3/07/2000. Diagnoses include status post mandibular fracture secondary to trauma, left tempomandibular joint capsulitis, chronic, and chronic myofascial pain. Treatment to date has included medications, and diagnostic studies. A physician progress note dated 01/13/2015 documents the injured worker complains of sleep disturbances, fatigue, neck pain, clenching his teeth and bracing his facial muscles, headaches, minimal facial pain on the left side which is described as being aching and deep, and constant minimal pain in the left temporomandibular joint. Examination revealed scalloping of the lateral borders of his tongue bilaterally and xerostomia/qualitative changes of the saliva. Treatment requested is for full mouth periodontal scaling to be performed on all 4 quadrants, every three (3) months, immediate emergency medical treatment of an obstructive airway oral appliance, and referral for neurological and treatment as necessary. On 01/12/2015 Utilization Review non-certified the request for full mouth periodontal scaling to be performed on all 4 quadrants, every three (3) months citing Non-Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine(ACOEM), cited was the American Academy of Periodontology. On 01/12/2015 Utilization Review non-certified the request for immediate emergency medical treatment of an obstructive airway oral appliance, and California Medical Treatment Utilization schedule (MTUS) was not cited. On 01/12/2015 Utilization Review non-certified the request for Referral for neurological and treatment as necessary, citing Official Disability Guidelines-Treatments in Workers' Compensation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Full mouth periodontal scaling to be performed on all 4 quadrants, every three (3) months:**

Upheld

**Claims Administrator guideline:** The Claims Administrator 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, <http://www.guideline.gov/content.aspx?id=34760&search=periodontal+disease>

**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. [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".

### **Referral for neurological and treatment as necessary:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): ACOEM Guidelines, Chapter 7, Page 127.

**Decision rationale:** Based on ACOEM Guidelines, Chapter 7, Page 127, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. This patient may benefit from additional expertise, however the provider is also requesting non-specific treatment. There is lack of clear rationale for a specific treatment. Therefore this request is not medically necessary.

### **Immediate emergency medical treatment of an 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 <http://www.aetna.com/cpb/dental/data/DCPB0018.html>, Obstructive Sleep Apnea

**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.