

Case Number:	CM15-0015447		
Date Assigned:	02/03/2015	Date of Injury:	02/04/2012
Decision Date:	03/25/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/27/2015

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 53- year old male, who sustained an industrial injury on February 4, 2012. The diagnoses have included right and left knee internal derangement, nocturnal obstructions of the airway, weight gain and degenerative arthritis of the left knee. Treatment to date has included pain medication, physical therapy with home exercise program, physical therapy with home exercise program, polysomnography respiratory studies, arthroscopic debridement of the knee, ACL reconstruction of the right knee, physical therapy, nerve conduction studies, and electromyogram studies. Currently, the IW complains of right and left knee pain. Pain was characterized as stabbing and throbbing and was accompanied by numbness and a feeling of heaviness. The pain was rated an eight on the right and a seven on the left on a scale of ten. Pain was aggravated by prolonged sitting, standing, repetitive bending and kneeling. Pain medication was reported to relieve pain. Physical exam was remarkable for decreased range of the motion of both knees, spasms of the anterior and posterior aspect of the knee. There was also documentation of nocturnal obstructions of the airway from gritting her teeth from stress at night. On December 24, 2014, the Utilization Review decision non-certified a request for periodontal scaling, four quadrants, noting the documentation did not reflect this was due to the worker's injury. The ODG Head Chapter was cited. On January 23, 2015, the injured worker submitted an application for IMR for review of periodontal scaling, four quadrants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Periodontal scaling (4 quadrants) D4341: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/12472990>; Meta-analysis of the effect of Scaling and Root Planing, Surgical Treatment Antibiotic Therapies on Periodontal probing Depth and Attachment Loss

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: 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 non-certification at this time.