

Case Number:	CM15-0117011		
Date Assigned:	06/25/2015	Date of Injury:	12/08/2002
Decision Date:	07/29/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/17/2015

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 51 year old female, who sustained an industrial injury on 12/8/02. She has reported initial complaints of facial pain due to emotional stressors. The diagnoses have included aggravated periodontal disease/gum infections and inflammation. Treatment to date has included medications, diagnostics, dentist visits, and psychiatric care. Currently, as per the physician medical legal report dated 12/31/14, the injured worker complains of clenching her teeth and bracing her facial musculature, dry mouth, hoarseness, small amount of saliva, and difficulty swallowing. The objective findings reveal scalloping of the lateral borders of the tongue, wear on the surface of the teeth, xerostomia and bacterial biofilm deposits on the teeth and around the gums. The diagnostic tests that were performed included amylase enzyme analysis test, salivary flow and buffering tests, microbial staining tests, and x-rays of the teeth. There is no previous x-ray reports noted in the records. The physician requested treatments included treat tooth #21 as needed per generally accepted standards of dental practice and periodontal scaling 4 quadrants every 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treat tooth #21 as needed per generally accepted standards of dental practice: 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), head chapter dental trauma treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: Records reviewed indicate that this patient complains of clenching her teeth and bracing her facial musculature, dry mouth, hoarseness, small amount of saliva, and difficulty swallowing. The objective findings reveal scalloping of the lateral borders of the tongue, wear on the surface of the teeth, xerostomia and bacterial biofilm deposits on the teeth and around the gums. The requesting dentist is recommending a non-specific treatment plan In this case to treat tooth #21 as needed. It is unclear to this reviewer on what kind of specific dental treatment this dentist is recommending. Absent further detailed documentation and clear rationale for a specific dental treatment plan, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This evidence has not been sufficiently documented in this case. Therefore, the request to Treat Tooth #21 as needed per generally accepted standards of dental practice is not medically necessary.

Periodontal scaling 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 <http://www.ncbi.nlm.nih.gov/pubmed/24197669>.

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: Records reviewed indicate that this patient complains of clenching her teeth and bracing her facial musculature, dry mouth, hoarseness, small amount of saliva, and difficulty swallowing. The objective findings reveal scalloping of the lateral borders of the tongue, wear on the surface of the teeth, xerostomia and bacterial biofilm deposits on the teeth and around the gums. The requesting dentist is recommending periodontal scaling 4 quadrants every 3 months. Even though periodontal cleaning may be 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." Therefore, the request for Periodontal Scaling 4 quadrants every 3 months is not medically necessary.