

<b>Case Number:</b>	CM15-0117626		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	06/19/2007
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 54 year old female, who sustained an industrial injury on 6/19/2007. Diagnoses have included left shoulder pain and dysfunction, left shoulder impingement, lumbar sprain, cervical sprain, periodontal disease and xerostomia. Treatment to date has included therapy and medication. According to the supplemental report dated 5/14/2015, the injured worker was seen on 5/13/2015 for the standard of care treatment for aggravated periodontal disease, consisting of periodontal scaling of all quadrants of her mouth. The injured worker presented with bleeding and swelling of the gum tissues. Authorization was requested for periodontal scaling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 American Academy of Periodontology: Comprehensive periodontal therapy.

**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 has aggravated periodontal disease. Patient has bleeding and swelling of the gum tissues. Treating dentist is recommending periodontal scaling of all quadrants of her mouth every 3 months. Even though periodontal cleaning maybe medically necessary for this patient at this time, an indefinite request for every 3 months 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." The request is not medically necessary.