

Case Number:	CM15-0120451		
Date Assigned:	07/23/2015	Date of Injury:	10/12/2010
Decision Date:	09/09/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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:

This is a 45-year-old male with an October 12, 2010 date of injury. A progress note dated May 14, 2015 documents subjective complaints (jaw pain or tenderness; temporomandibular joint pain; dry mouth; bad breath; headaches; grinding and clenching of teeth), objective findings (oral inflammation; teeth sensitive to percussion), and current diagnoses (bruxism/clenching and grinding of the teeth and bracing of the facial muscles; xerostomia; aggravated periodontal disease/gingival inflammation). Treatments to date have included medications for orthopedic injuries. The medical record indicates that the injured worker's diagnoses were contributed to by industrial pain and any resultant stress, and/or industrial side effects of any medications taken. The treating physician documented a plan of care that included an occlusal adjustment, periodontal maintenance every two months with topical fluoride therapy, fluoride gel carrier trays, and bio stimulation of the muscles of mastication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occlusal adjustment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occlusal adjustment for treating and preventing temporomandibular joint disorders, Cochrane Database Syst Rev.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Prosthodont. 2015 Jul 27. doi: 10.1111/jopr.12323. [Epub ahead of print], The Value of Occlusion in Dentistry: A Clinical Report Showing the Correction of an Anterior Reverse Articulation with Selective Occlusal Adjustment. Ferreira CF1, Prado AM2, Pereira MA3, Cardoso AC4.

Decision rationale: Dental report of [REDACTED] [REDACTED] dated 07/27/15 states that tooth #3 has 6mm PD's with an early grade II buccal furcation. He states osseous surgery is indicated to gain access to the calculus that is in the furcation, remove it, reshape the tooth, and reshape the bone. He further states that occlusal adjustment is necessary to remove heavy occlusal contacts on the tooth so that it can heal well. [REDACTED] has diagnosed this patient with Bruxism and grinding of the teeth and bracing of the facial muscles, xerostomia and aggravated periodontal disease. Per medical reference mentioned above, "Use of proper occlusal therapy enables clinicians to more effectively help patients recover from parafunctional wear of the anterior and posterior teeth." Since this patient has been diagnosed with bruxism and grinding of the teeth and bracing of the facial muscles, this reviewer finds this request for occlusal adjustment medically necessary to remove heavy occlusal contacts and help this patient recover from parafunctional wear of his teeth.

Periodontal maintenance every 2 months with topical fluoride therapy: 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 guidelines for the diagnosis and treatment of periodontal diseases, Minneapolis (MN).

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: [REDACTED] has diagnosed this patient with Bruxism and grinding of the teeth and bracing of the facial muscles, xerostomia and aggravated periodontal disease. Even though periodontal cleaning maybe medically necessary for this patient at this time, but an indefinite request for every 2 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". Therefore, this reviewer finds this request not medically necessary.

Fluoride gel carrier trays: Overturned

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 caries guidelines, Minneapolis (MN).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evid Based Dent. 2014 Jun; 15 (2): 38-9. doi: 10.1038/sj.ebd.6401019. ADA clinical recommendations on topical fluoride for caries prevention. Maguire A.

Decision rationale: Dental report of [REDACTED] [REDACTED] dated 07/27/15 states that fluoride therapy is helpful in the prevention of decay, patients with dry mouth are prone to decay, and patient has developed decay on teeth 4 and 5. He is recommending fluoride gel carrier trays for prevention in this patient whom demonstrates high risk of decay. Per reference mentioned above, "Recommendations For individuals at risk of dental caries: 2.26% fluoride varnish or 1.23% fluoride (APF) gel, or prescription strength, home-use 0.5% fluoride gel or paste, or 0.09% fluoride mouth rinse for children who are aged six or over. The panel judged that the benefits outweighed the potential for harm for all professionally applied and prescription strength, home-use topical fluoride agents and age groups except for children aged under six years." Therefore, this reviewer finds this request for Fluoride gel carrier tray medically necessary to help prevent further tooth decay in this patient.

4-6 visits for biostimulation of the muscles of mastication (bilateral TMD therapy): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Low level laser therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26, MTUS (Effective July 18, 2009) Page 114 of 127, TENS, chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: Records reviewed indicate that this patient has been diagnosed with Bruxism and grinding of the teeth and bracing of the facial muscles, xerostomia and aggravated periodontal disease. Treating dentist is recommending biostimulation of muscles of mastication. However per medical reference mentioned above, "Tens, chronic pain, not recommended as a primary treatment modality, but a one-month home based tens trial may be considered evidence is lacking concerning effectiveness." This request is not for a home based tens treatment and evidence is lacking concerning effectiveness, therefore this reviewer finds this request to be not medically necessary.

