

Case Number:	CM15-0120648		
Date Assigned:	07/01/2015	Date of Injury:	05/28/2002
Decision Date:	08/10/2015	UR Denial Date:	05/26/2015
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:

The injured worker is a 53 year old female with an industrial injury dated 05/28/2002. Treatment consisted of dental rehabilitation and periodic follow up visits. In a progress note dated 03/03/2015, the treating physician reported that the injured worker received surgical implantation of dental implants at teeth site #21 and #28. In a progress note dated 05/20/2015, the treating physician reported that it was standard practice when a patient receives quadrant scaling/root planning and or dental implants to be closely followed by routine examinations and periodontal maintenance or oral prophylaxis at three month intervals. The treating physician prescribed services for oral prophylaxis/periodontal maintenance every 3 months to maintain the health of surrounding structures of reconstructed teeth.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oral prophylaxis/periodontal maintenance every 3 months: 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 (Dental Trauma Treatment) (2015).

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 received surgical implantation of dental implants at teeth site #21 and #28. Treating dentist is recommending quadrant scaling/root planning to be closely followed by routine examinations and periodontal maintenance or oral prophylaxis at three month intervals. Even though periodontal maintenance 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". Therefore this request for Oral prophylaxis/periodontal maintenance every 3 months is not medically necessary.