

Case Number:	CM15-0120950		
Date Assigned:	07/02/2015	Date of Injury:	04/22/2003
Decision Date:	09/10/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/23/2015

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 68 year old female, who sustained an industrial injury on 04/22/2003. The injured worker reported stress and pain related to work. The injured worker also reported sustaining injury to the low back and right lower extremity secondary to missing a step on a flight of steps at work causing her to fall down the flight of steps that occurred in 06/2001. The injured worker was diagnosed as having low back pain, right lumbar radiculopathy/lumbar spondylosis, degenerative disc disease to the lumbar spine, insomnia, cervicalgia, bilateral hip pain, bilateral knee arthralgia, sacroiliac joint dysfunction versus nerve irritation or combination of both, dental caries, xerostomia, and gingivitis. Treatment and diagnostic studies to date has included Bitewing x-rays, use of a waterpik, and medication regimen. Agreed medical evaluation performed on 06/27/2014 noted that the treating dentist indicated that the injured worker's medication regimen was the probable cause of the injured worker's dry mouth. In a progress note dated 04/28/2015 the treating hygienist noted that the injured worker had localized bogginess to tissue and generalized demineralization. The treating physician requested prophylaxis once every 3 months, laser bacterial reduction once every 3 months, bitewing x-rays once every 12 months, and periodic oral examination once every 12 months for the diagnoses of xerostomia and gingivitis. In a progress note dated 05/15/2015 the treating physician reports that the injured worker has missing teeth to the upper right, upper left, and lower right with the ridge areas resorbed. The treating physician requested an upper removable partial to replace the injured worker's missing teeth to the upper right and left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removable upper partial: Overturned

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (updated 06/04/13).

Decision rationale: AME dental report of [REDACTED] has diagnosed this patient with caries, missing teeth, xerostomia and erosion. He further states that in all medical probability patient's xerostomia and the resultant dental caries are industrial. Treating dentist report dated 05/15/15 states missing teeth UR, UL and LR have been gone since about 2005, as a result the ridge areas have resorbed. Dentist recommends upper removable partial and he feels this would be a good option for the patient to replace missing teeth upper right and left and patient feels this is a good choice. Per reference mentioned above, "dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury. " Therefore this reviewer finds this request for removable upper partial medically necessary to promptly repair this patient's dental condition.

Prophylaxis once every 3 months: 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, Dec. 2013, page 69.

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: AME dental report of [REDACTED] has diagnosed this patient with caries, missing teeth, xerostomia and erosion. He further states that in all medical probability patient's xerostomia and the resultant dental caries are industrial. Treating dentist is recommending Prophylaxis once every 3 months indefinitely. However even though prophylaxis 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 reviewer finds this request to be not medically necessary.

Laser bacterial reduction once every 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: AME dental report of [REDACTED] has diagnosed this patient with caries, missing teeth, xerostomia and erosion. He further states that in all medical probability patient's xerostomia and the resultant dental caries are industrial. Treating dentist is recommending Laser bacterial reduction once every 3 months indefinitely. However even though bacterial reduction 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 reviewer finds this request to be not medically necessary.

Bitewing x-rays once every 12 months: 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, Dec. 2013, page 69.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

Decision rationale: Records reviewed indicate that AME dental report of [REDACTED] has diagnosed this patient with caries, missing teeth, xerostomia and erosion. He further states that in all medical probability patients' xerostomia and the resultant dental caries are industrial. Treating dentist is recommending bitewing x-rays once every 12 months indefinitely. However in the records provided there is insufficient documentation to medically justify the need for bitewing x-rays every 12 months indefinitely. Absent further detailed documentation and clear rationale, 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 reviewer does not believe this has been sufficiently documented in this case regarding this request. This reviewer recommends non-certification at this time, therefore is not medically necessary.

Periodic oral examination once every 12 months: 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, Dec. 2013, page 69.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

Decision rationale: Records reviewed indicate that AME dental report of [REDACTED] has diagnosed this patient with caries, missing teeth, xerostomia and erosion. He further states that in all medical probability patients' xerostomia and the resultant dental caries are industrial. Treating dentist is recommending Periodic oral examination once every 12 months, indefinitely. However in the records provided there is insufficient documentation to medically justify the need for periodic oral examination once every 12 months indefinitely. Absent further detailed documentation and clear rationale, 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 reviewer does not believe this has been sufficiently documented in this case regarding this request. This reviewer recommends non-certification at this time, therefore is not medically necessary.