

<b>Case Number:</b>	CM15-0127667		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	04/06/2006
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 male, who sustained an industrial injury on 4/06/2006. He reported a fall from a height of approximately 25 feet, landing on his face and hands. The injured worker was diagnosed as having skull fracture, maxillary jaw fractures, and trauma to multiple teeth. Treatment to date has included diagnostics, open reduction and internal fixation for maxillary fractures, right canine tooth removal, dental implant, numerous restorations of porcelain to repair chipped enamel edges. Currently, the injured worker complains of intermittent minimal headaches in the bilateral temples, intermittent right and left facial pain, locking of the mandible, bleeding gums, clenching and bracing of the facial musculature, and muscular spasms. He had speech dysfunction and difficulty chewing. Also noted were dry mouth, hoarseness, and too little saliva. It was documented that he underwent a Nocturnal Polysomnographic Respiratory Study showing nocturnal obstructions of the airway. He was provided CPAP (continuous positive airway pressure) machine, but could not tolerate use. Diagnostic Autonomic Nervous System testing was documented to support nocturnal airway obstructions. Diagnostic tongue evaluation during simulated snoring showed a high degree of dorsalization of his tongue base, predicting airway obstruction during sleep that would require immediate medical treatment. An oral appliance was recommended to bring the mandible and tongue forward. He presented with periodontal disease and gum inflammation, objectively documented by Biofilm deposits on his teeth. He was recommended continued periodontal gum treatments at least every three months.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Mandibular Orthopedic repositioning device: 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 (facial fracture).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome.

**Decision rationale:** Records reviewed indicate that this patient had sustained a skull fracture as well as facial fracture to his upper jaw and trauma to multiple teeth from an industrial fall accident. Patient currently is complaining of intermittent facial pain and locking of the mandible with clenching and bracing of the facial musculature and muscular spasms. Per reference mentioned above, regarding treatment of TMJ, "home therapy and medications are continued, but at this point, a bite appliance is made for the patient." Since this patient has been diagnosed with facial fracture to his upper jaw and myofascial pain and spasms of the jaw muscles with malocclusion/poor bite, this reviewer finds this request for a mandibular orthopedic repositioning device to be medically necessary to treat this patient's dental condition.

### **Periodontal scaling (4 Quadrants) every three 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/15016039> Apatzidou DA1. Kinane DF.

**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 intermittent minimal headaches in the bilateral temples, intermittent right and left facial pain, locking of the mandible, bleeding gums, clenching and bracing of the facial musculature, and muscular spasms. However, even though periodontal cleaning 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.

### **Immediate emergency treatment of an obstructive airway oral appliance: Overturned**

**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/24533007>Sutherland KI, Vanderveken OM2, Tsuda H3, Marklund M4, Gagnadoux F5, Kushida CA6, Cistulli PA1.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Curr Treat Options Neurol. 2014 Aug; 16 (8): 305. doi: 10.1007/s 11940-014-0305-6. Advances in the treatment of obstructive sleep apnea. Young D1, Collop N. PMID: 24957654.

**Decision rationale:** Records reviewed indicate documentation of autonomic nervous system findings, which correlate to occurrence of nocturnal obstructions of the airway. Patient states that he was provided with CPAP treatment, but that he cannot tolerate its use. Per medical records reviewed, and the medical reference mentioned above, this reviewer finds this request for Treatment of obstructive airway with oral appliance to be medically necessary at this time. Medical reference mentioned above states "Oral appliances are continuing to become more mainstream, and may be a reasonable first-line treatment even for some patients with moderate OSA, such as those who cannot tolerate or do not want to use CPAP."