

Case Number:	CM15-0143690		
Date Assigned:	08/04/2015	Date of Injury:	07/27/2012
Decision Date:	11/09/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/24/2015

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 61 year old male who sustained a cumulative industrial injury on 07-27-2012. The injured worker was diagnosed with nocturnal obstruction of the airway and bruxism. According to the treating physician's progress report on May 13, 2015, the injured worker was evaluated for nocturnal obstruction of the airway. Objective diagnostic polysomnogram respiratory studies noted 3 episodes of obstructive apnea, 24 episodes of obstructive hypopnea with an apnea-hypopnea index of 9 episodes of major obstruction of airflow occurring every hour with resultant oxygen desaturation of the blood and snoring. According to the injured worker and physician report, the injured worker would not tolerate wearing a continuous positive airway pressure (CPAP) mask or nasal apparatus. The injured worker is aware that he snores, is a mouth breather, clenches and grinds teeth and awakes with headaches. The injured worker reported clicking and intermittent pain in the bilateral temporomandibular joints and ringing and loss of hearing bilaterally. Examination demonstrated trigger point and-or taut bands at the bilateral masseter muscles. Mandibular range of motion was decreased by 2mm without pain, bilateral lateral excursion of 8mm without pain and maximum protrusion of 4mm without pain. Other diagnostic testing utilized and reported were ultrasonic Doppler auscultation, Electromyography (EMG), diagnostic temperature gradient studies, autonomic nervous studies, simulated snoring with tongue evaluation, amylase and salivary flow and the overnight polysomnogram respiratory studies. Current medications were listed as Tramadol, Norco and Ibuprofen. On 06-08-2015, the provider requested authorization for immediate

emergency medical treatment of an obstructive airway oral appliance (to be replaced or relined as needed) and periodontal scaling full mouth periodontal scaling to be performed on all 4 quadrants, every 3 months. On 06-29-2015 the Utilization Review modified the request for full mouth periodontal scaling to be performed on all 4 quadrants, every 3 months to periodontal scaling full mouth to be performed on all 4 quadrants times one and modified the request for immediate emergency medical treatment of an obstructive airway oral appliance (to be replaced or relined as needed) to the immediate emergency medical treatment of an obstructive airway oral appliance as reasonable for his nocturnal airway obstruction and if replacement or realignment was required it could be requested then.

IMR ISSUES, DECISIONS AND RATIONALES

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

Immediate Emergency medical treatment of an obstructive airway oral appliance (to be replaced or relined as needed): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Obstructive Sleep Apnea in Adults, Aetna.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed indicate that objective diagnostic polysomnogram respiratory studies noted 3 episodes of obstructive apnea, 24 episodes of obstructive hypopnea with an apnea-hypopnea index of 9 episodes of major obstruction of airflow occurring every hour with resultant oxygen desaturation of the blood and snoring. According to the injured worker and physician report, the injured worker would not tolerate wearing a continuous positive airway pressure (CPAP) mask or nasal apparatus. Treating dentist is recommending Immediate Emergency medical treatment of an obstructive airway oral appliance (to be replaced or relined as needed). However, this is an indefinite request to replace or reline oral appliance as needed. There is insufficient documentation in the records provided to medically justify an indefinite request to replace an oral appliance. Absent further detailed documentation and clear rationale, the medical necessity for this indefinite 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 to justify an ongoing need to replace an oral appliance. The request is not medically necessary at this time.

Periodontal scaling (4 Quadrants) full mouth periodontal scaling to be performed on all 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 Dental Association.

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 patient sustained a cumulative industrial injury on 07-27-2012. The injured worker was diagnosed with nocturnal obstruction of the airway and bruxism. Treating dentist is recommending periodontal scaling (4 Quadrants) full mouth periodontal scaling to be performed on all 4 quadrants, every 3 months. 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, the request is not medically necessary.