

Case Number:	CM15-0176175		
Date Assigned:	09/16/2015	Date of Injury:	11/05/2012
Decision Date:	10/22/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/04/2015

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 52 year old male with a date of injury on 11-5-2012. A review of the medical records indicates that the injured worker is undergoing treatment for traumatic injury to the face; bruxism-clenching and grinding of the teeth and bracing of the facial muscles; myofascial pain of the facial musculature; trigeminal central sensitization and industrially aggravated periodontal disease-gingival inflammation. According to the Doctor's First Report of Occupational Injury or Illness dated 7-9-2015, the injured worker reported clenching and-or grinding his teeth and bracing his facial musculature. He reported facial pain on the right and-or left sides. He reported pain in the right and-or left temporomandibular joint(s). He reported clicking and-or grinding noises in the right and-or left temporomandibular joint(s). He reported jaw locking and difficulty chewing hard foods due to pain in his face. He also reported dry mouth, speech difficulties, sleep disturbance and fatigue. Objective findings (7-9-2015) revealed palpable trigger points in the facial musculature. There were teeth indentations-scalloping of the lateral borders of the tongue bilaterally. There was wear on the surfaces of the injured worker's teeth. The injured worker also had bleeding and swollen gums. Treatment has included nocturnal obstructive airway oral appliance treatment for the nocturnal obstructions of the airway, mandibular orthopedic repositioning device for daytime use and facial muscle reprogramming exercises. The request for authorization dated 7-16-2015 was for emergency, medical treatment of periodontal scaling (4 quadrants). The original Utilization Review (UR) (8-4-2015) denied a request for emergency, medical treatment of periodontal scaling-4 quadrants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Emergency Medical Treatment of Periodontal Scaling - 4 Quadrants: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.mouthhealthy.org/en/az-topics/s/scaling-and-root-planing>.

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 this patient had a traumatic injury to the face and now has palpable trigger points in the facial musculature. There were teeth indentations-scalloping of the lateral borders of the tongue bilaterally. There was wear on the surfaces of the injured worker's teeth. The injured worker also had bleeding and swollen gums. Treating dentist diagnosed this patient with traumatic injury to the face, bruxism, myofascial pain of the facial musculature, trigeminal central sensitization and industrially aggravated periodontal disease. Per medical reference mentioned above, "Removal of supra and subgingival bacterial plaque biofilm and calculus by comprehensive, meticulous periodontal scaling and root planning" are part of the treatment plan for periodontal therapy (J Periodontol 2011) . Since this patient has been diagnosed with facial trauma and periodontal disease, this reviewer finds this request for one Periodontal Scaling - 4 Quadrants to be medically necessary to treat this patient's aggravated periodontal disease.