

<b>Case Number:</b>	CM15-0038234		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	01/20/2003
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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 50 year old male who sustained an industrial injury on 1/20/03. The injured worker reported symptoms in the neck, left shoulder and left arm. The diagnoses included dental trauma. Treatments to date include oral pain medications, anti-inflammatory medications, proton pump inhibitor, oral neuropathic medications, home exercise program. In a progress note dated 11/24/14 the treating provider reports the injured worker was with "moderate calculus, with light to moderate staining and light hemorrhage, as well as, the previously mentioned mucogingival defects on buccal #2 and #3."

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **4 Periodontal Maintenance Visits for One Year: Overturned**

**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 guidelines for the diagnosis and treatment of periodontal diseases. Minneapolis (MN): HealthPartners Dental Group; 2011 Dec 9. 37 p.

**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 has moderate calculus, with light to moderate staining and light hemorrhage, as well as, mucogingival defects on buccal #2 and #3. 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 moderate calculus with light hemorrhage and mucogingival defects, this IMR reviewer finds this request for 4x periodontal maintenance visits for 1 year to be medically necessary.