

Case Number:	CM15-0072454		
Date Assigned:	04/22/2015	Date of Injury:	01/20/2003
Decision Date:	06/11/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/15/2015

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 1/20/2003. The mechanism of injury is unclear. The injured worker was diagnosed as having dental trauma, and xerostomia. Treatment to date has included medications, and evaluations. The request is for 4 periodontal maintenance visits, 2 periodic oral evaluations, and bite wing radiographs. On 11/24/2014, he is seen for periodontal maintenance for dental injuries. He is reported to have fracture of tooth #12, and tissue changes to teeth #2 and 3. The treatment plan included restoration of tooth #12. On 1/15/2015, he was seen for follow up periodontal maintenance.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Periodontal Maintenance visits: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group & Clinics Guidelines 2001, p 37.

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: PR2 report of treating dentist dated 11/24/14 states that this patient has a fracture on tooth #12 and lack of attached gingiva at the buccal implants tooth #2 and #3. Periodontal exam revealed 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 been diagnosed with periodontal disease with the findings mentioned above, this reviewer finds this request for 4 periodontal maintenance visits to be medically necessary to properly treat this patient's periodontal disease.

2 Periodic Oral Evaluations: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Periodontology, 2011, p 943-949.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

Decision rationale: Office visits Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. The ODG Codes for Automated Approval (CAA), designed to automate claims management decision-making, indicates the number of E&M office visits (codes 99201-99285) reflecting the typical number of E&M encounters for a diagnosis, but this is not intended to limit or cap the number of E&M encounters that are medically necessary for a particular patient. Office visits that exceed the number of office visits listed in the CAA may serve as a "flag" to payors for possible evaluation, however, payors should not automatically deny payment for these if preauthorization has not been obtained. Note: The high quality medical studies required for treatment guidelines such as ODG provides guidance about specific treatments and diagnostic procedures, but not about the recommended number of E&M office visits. Studies have and are being conducted as to the value of "virtual visits" compared with inpatient visits, however the value of patient/doctor interventions has not been questioned. (Dixon, 2008) (Wallace, 2004) PR2 report of treating dentist dated 11/24/14 states that this patient has a fracture on tooth #12 and lack of attached gingiva at the buccal implants tooth #2 and #3. Periodontal exam revealed 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, office visits "Recommended as determined to be medically necessary.

Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged." Therefore this reviewer finds this request for 2 periodic oral evaluations to be medically necessary to properly treat this patient's dental condition.

1 Bite Wing Radiographs: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group & Clinics Guidelines 2001, p 24.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dentomaxillofac Radiol. 1996 Jan; 25(1):5-16. The use of bitewing radiographs in the management of dental caries: scientific and practical considerations. Pitts NB1.

Decision rationale: PR2 report of treating dentist dated 11/24/14 states that this patient has a fracture on tooth #12 and lack of attached gingiva at the buccal implants tooth #2 and #3. Periodontal exam revealed 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, "There is good evidence that initial posterior bitewing radiographs are required for all new dentate patients over five years of age with posterior teeth." Therefore this reviewer finds this request for 1 bite wind radiograph medically necessary to properly evaluate this patient's dental health.