

Case Number:	CM15-0095198		
Date Assigned:	06/01/2015	Date of Injury:	07/22/2013
Decision Date:	07/03/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/15/2015

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 47 year old male who sustained a work related injury July 22, 2013. While working as an auto body painter, he was pinned by a car with injuries to the neck, shoulders, left elbow, left wrist, chest and upper/mid back. According to a chiropractor's progress notes, dated January 28, 2015, the injured worker presented with constant pain of the cervical spine, thoracic spine, bilateral shoulders; left elbow and left wrist, all rated 8/10. There is tenderness noted in all areas. He received myofascial release, electrical stimulation, paraffin wax, and ultrasound as treatment and noted to have slow but steady progress. Diagnoses are lesion of the ulnar nerve, brachial neuritis/radiculitis not otherwise specified; sprains/strains of the neck; lateral epicondylitis, chest wall strain; thoracic strain; disorders bursae/tendon/shoulder/unspecified; tendonitis wrist. At issue, is a request for periodontal scaling (4 quadrants).

IMR ISSUES, DECISIONS AND RATIONALES

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

Periodontal Scaling, 4 Quadrants, (For Each of The Quadrants), Full Month 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 Official Disability Guidelines (ODG).

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: According to Guidelines, Periodontal Evaluation is a comprehensive assessment of a patient's current health status, history of disease, and risk characteristics is essential to determine the periodontal diagnosis and prognosis of the dentition and/or the suitability of dental implants. Patients should receive a comprehensive periodontal evaluation and their risk factors should be identified at least on an annual basis. Such an evaluation includes discussion with the patient regarding his/her chief complaint, medical and dental history review, clinical examination, and radiographic analysis. Microbiologic, genetic, biochemical, or other diagnostic tests may also be useful, on an individual basis, for assessing the periodontal status of selected individuals or sites. The following procedures should be included in a comprehensive periodontal evaluation: 1. Extra and intraoral examination to detect nonperiodontal oral diseases or conditions. 2. Examination of teeth and dental implants to evaluate the topography of the gingiva and related structures; to measure probing depths, the width of keratinized tissue, gingival recession, and attachment level; to evaluate the health of the subgingival area with measures such as bleeding on probing and suppuration; to assess clinical furcation status; and to detect endodontic-periodontal lesions. Records reviewed indicate that this is a 47 year old male who sustained a work related injury July 22, 2013 when he was pinned by a car injuring his neck, shoulders, left elbow, left wrist, chest and upper/mid back. Requesting dentist is recommending Full Month Periodontal Scaling to be performed on all 4 Quadrants, Every 3 Months. Although periodontal cleaning maybe medically necessary for this patient, 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.