

<b>Case Number:</b>	CM15-0095682		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	01/08/2005
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 female, who sustained an industrial injury on 1/08/2005. She reported accruing multiple injuries as a result of an attack by multiple individuals subsequently having three teeth knock out; left lower molar cracked and required eight stitches to close a laceration under the right eye. She further reported injuries included the face, teeth, back, right ankle and left knee. Diagnoses include blunt facial trauma, left infraorbital and lower eyelid laceration, acute sprain and contusion of left ankle and dental filling avulsion, left lower second molar, myofascial pain and Xerostomia. Treatments to date include musculoskeletal trigeminal appliance, exercises, and gingival treatments, dental treatments to teeth and dental plate, and psychological counseling. Currently, the medical records submitted included a QME from 2007 and a request to authorize follow up treatment. The medical necessity statement included requests to authorize periodic dental re-evaluations two times a year, full mouth x-rays once a year for three years, and certify bitewing x-rays once a year, as well as a request for periodontal maintenance four times a year.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Periodontal maintenance, CY 2015 x4/yr: 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), Head Chapter, Dental Trauma Treatment.

**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:** AME ██████████ DDS dated 10/3/07 has diagnosed this patient with chronic bruxism, trauma to multiple teeth and xerostomia, on an industrial basis. Letter from requesting dentist ██████████ DMD states that periodontal maintenance is a necessary part of preventative dental care. ██████████ is requesting periodontal maintenance 4x a year. However In the records provided, there are no recent documentation of patient's current "Examination of teeth 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 " as recommended by the medical reference mentioned above. Also, even though periodontal cleaning maybe medically necessary for this patient at this time, but an indefinite request 4x a year 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". This IMR reviewer recommends not medically necessary at this time.

**Periodic re-evaluation 2x/yr:** 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), Head Chapter, Dental Trauma Treatment.

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

**Decision rationale:** Records reviewed indicate that AME ██████████ DDS dated 10/3/07 has diagnosed this patient with chronic bruxism, trauma to multiple teeth and xerostomia, on an industrial basis. Treating dentist is requesting periodic re-evaluation 2x a year. 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". Since this patient has been diagnosed with chronic bruxism and xerostomia, periodic re-evaluations maybe medically necessary to monitor her dental conditions however, an indefinite request for 2x a year 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" (J Periodontol 2011). Therefore, this reviewer finds this indefinite request to be not medically necessary.

### **Full mouth X-rays, 1x/3yrs: 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), Head Chapter, Dental Trauma Treatment.

**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] Implant Soc. 1995; 5 (5): 7-11. Radiographic modalities for diagnosis and treatment planning in implant dentistry. Garg AK1, Vicari A.1 Center for Dental Implants, Division of Oral/ Maxillofacial Surgery & Dentistry, University of Miami School of Medicine, Florida, USA.

**Decision rationale:** Records reviewed indicate that AME ██████████ DDS dated 10/3/07 has diagnosed this patient with chronic bruxism, trauma to multiple teeth and xerostomia, on an industrial basis. ██████████ patient is in need of ongoing periodontal reevaluations yearly along with periodontal and implants maintenance for the life of the prosthodontics in the event the restorations break or the implants fail. Treating dentist is requesting full mouth x-rays 1x every 3 years. Since this patient has been diagnosed with chronic bruxism and xerostomia, periodic x-rays maybe medically necessary to monitor her dental conditions however an indefinite request for 1x/3years 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" (J Periodontol 2011). Therefore, this reviewer finds this indefinite request to be not medically necessary.

### **Bitewing X-rays, 1x/yr: 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), Head Chapter, Dental Trauma Treatment.

**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. Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82 (7): 943-9. [133 references] Implant Soc. 1995; 5 (5):7-11. Radiographic modalities for diagnosis and treatment planning in implant dentistry. Garg AK1, Vicari A.1 Center for Dental Implants, Division of Oral/Maxillofacial Surgery & Dentistry, University of Miami School of Medicine, Florida, USA.

**Decision rationale:** Records reviewed indicate that AME ██████████ DDS dated 10/3/07 has diagnosed this patient with chronic bruxism, trauma to multiple teeth and xerostomia, on an industrial basis. ██████████ states patient is in need of ongoing periodontal reevaluations yearly along with periodontal and implants maintenance for the life of the prosthodontics in the event the restorations break or the implants fail. Treating dentist is requesting bitewing x-rays 1x/year. Since this patient has been diagnosed with chronic bruxism and xerostomia, periodic x-rays maybe medically necessary to monitor her dental conditions however an indefinite request for 1x/year 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" (J Periodontol 2011). Therefore, this reviewer finds this indefinite request to be not medically necessary.