

Case Number:	CM15-0098310		
Date Assigned:	06/01/2015	Date of Injury:	06/12/2009
Decision Date:	07/08/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/22/2015

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 54 year old female who sustained an industrial injury on June 12, 2009. She has reported broken teeth, cut lip, bruised lung, cracked ribs, left knee, right shoulder, and low back injuries and has been diagnosed with bruxism/parafunctional habit, capsulitis; inflammation of the right and left temporomandibular joint, myofascial pain of the facial musculature. Treatment has included surgery and medications. Currently the injured worker complains of teeth clenching and grinding in response to the industrial related orthopedic pain and emotional stressor. The injured worker also complains of not being able to chew on the right side due to missing teeth. There was mild clicking and popping audible in the left and right temporomandibular joint during opening and closing functions. The treatment request included 4 quadrants of scaling and root planing.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Quadrants of scaling and root planing: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 broken teeth, cut lip, bruised lung, cracked ribs, left knee, right shoulder, and low back injuries and has been diagnosed with bruxism/ parafunctional habit, capsulitis inflammation of the right and left temporomandibular joint, myofascial pain of the facial musculature. Records also indicate that this patient has probing depths between 3 to 5 mm with missing teeth. Treatment has included surgery, medications and implants. 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 probing depths up to 5mm with missing teeth, this reviewer finds this request for one root planning and scaling to be medically necessary.