
Notice of Independent Medical Review Determination

Dated: 8/19/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/5/2013
Date of Injury: 7/10/2011
IMR Application Received: 7/12/2013
MAXIMUS Case Number: CM13-0001327

- 1) MAXIMUS Federal Services, Inc. has determined the request for composite resorations for tooth #6 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for periodontal maintenance every 3 months with localized scaling and root planning as necessary **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for an occlusal night guard **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for topical application of flouride **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for composite resorations for tooth #6 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for periodontal maintenance every 3 months with localized scaling and root planning as necessary **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for an occlusal night guard **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for topical application of flouride **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Dental Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is a licensed Dentist and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 5, 2013.

CLINICAL SUMMARY: The patient was involved in a motor vehicle accident (MVA) 07/10/11. The patient's teeth have already been restored and dental and an occlusal device had been delivered. Provider is requesting another TMD splint plus additional dental treatment. The medical records for review are from 2012.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review Determination by [REDACTED] (dated 7/5/13)
- Primary Treating Physician Progress Report by [REDACTED] (dated 6/19/12)
- Medical Records by [REDACTED] M.D. (dated 6/21/12 to 9/18/12)

- Agreed Medical Examination by [REDACTED], D.D.S., F.A.G.D. (dated 8/2/12)
- Initial Dental Report by [REDACTED], D.M.D., Q.M.E. (dated 11/12/12)
- Official Disability Guidelines (ODG) – Head Chapter, Dental Trauma Treatments section

1) Regarding the request for composite resorations for tooth #6:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Andreas U, Colloca M, Iacoviello D. Coupling image processing and stress analysis for damage identification in a human premolar tooth. *Comput Methods Programs Biomed.* 2011 Aug;103(2):61-73, which is a medical journal article that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address dental services. The Expert Reviewer was unable to find a medical treatment guideline, nationally recognized professional standard(s), or expert opinion that addresses this issue. The Expert Reviewer based his/her decision on generally accepted standards of dental practice.

Rationale for the Decision:

The employee was injured in a motor vehicle accident on 7/10/2011. Diagnoses listed capsulitis/inflammation, mild aggravated periodontal disease, and fractured teeth #s 6, 7, 8 and 10. A request was submitted for composite resorations for tooth #6.

The MTUS does not address dental services. The medical records submitted and reviewed indicate that some of the employee's teeth have been restored. However, the records indicate that tooth #6 still has a chip that has not been treated. Based on the records submitted and objective findings in the reports, as well as methods used in Dentistry, the fractured tooth #6 needs a composite restoration. The request for composite resorations for tooth #6 is medically necessary and appropriate.

2) Regarding the request for periodontal maintenance every 3 months with localized scaling and root planning as necessary:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Andreas U, Colloca M, Iacoviello D. Coupling image processing and stress analysis for damage identification in a human premolar tooth. *Comput Methods Programs Biomed.* 2011 Aug;103(2):61-73, which is a medical journal article that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address dental services. The Expert Reviewer was unable to find a medical treatment guideline, nationally recognized

professional standard(s), or expert opinion that addresses this issue. The Expert Reviewer based his/her decision on generally accepted standards of dental practice.

Rationale for the Decision:

The employee was injured in a motor vehicle accident on 7/10/2011. Diagnoses listed capsulitis/inflammation, mild aggravated periodontal disease, and fractured teeth #s 6, 7, 8 and 10. A request was submitted for periodontal maintenance every 3 months with localized scaling and root planning as necessary.

The MTUS does not address dental services. The medical records submitted and reviewed indicate mild to moderate bone loss, as diagnosed by the provider. Based on the submitted and objective findings in the reports, as well as methods used in Dentistry, this employee needs periodontal maintenance, with localized scaling and root planning. The request for periodontal maintenance every 3 months with localized scaling and root planning as necessary is medically necessary and appropriate.

3) Regarding the request for an occlusal night guard:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Andreas U, Colloca M, Iacoviello D. Coupling image processing and stress analysis for damage identification in a human premolar tooth. Comput Methods Programs Biomed. 2011 Aug;103(2):61-73, which is a medical journal article that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address dental services. The Expert Reviewer was unable to find a medical treatment guideline, nationally recognized professional standard(s), or expert opinion that addresses this issue. The Expert Reviewer based his/her decision on generally accepted standards of dental practice.

Rationale for the Decision:

The employee was injured in a motor vehicle accident on 7/10/2011. Diagnoses listed capsulitis/inflammation, mild aggravated periodontal disease, and fractured teeth #s 6, 7, 8 and 10. A request was submitted for an occlusal night guard.

The MTUS does not address dental services. The medical records submitted and reviewed indicate the employee has already received an occlusal night guard. There is no clear justification in the records for another night guard. The request for an occlusal night guard is not medically necessary and appropriate.

4) Regarding the request for topical application of fluoride:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Andreus U, Colloca M, Iacoviello D. Coupling image processing and stress analysis for damage identification in a human premolar tooth. [Comput Methods Programs Biomed.](#) 2011 Aug;103(2):61-73, which is a medical journal article that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address dental services. The Expert Reviewer was unable to find a medical treatment guideline or nationally recognized professional standard that addresses this issue. The Expert Reviewer relied on the medical journal article used by the Claims Administrator, which is an expert opinion.

Rationale for the Decision:

The employee was injured in a motor vehicle accident on 7/10/2011. Diagnoses listed capsulitis/inflammation, mild aggravated periodontal disease, and fractured teeth #s 6, 7, 8 and 10. A request was submitted for topical application of fluoride.

The MTUS does not address dental services. The medical records submitted and reviewed do not provide relevant objective findings (such as dry mouth or high caries risk) to justify the need for topical fluoride application. The AME report dated 8/2/2012 reveals normal salivary functions. The request for topical application of fluoride is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dj

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.