

Case Number:	CM13-0050998		
Date Assigned:	12/27/2013	Date of Injury:	10/24/2007
Decision Date:	03/11/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	11/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Dentistry and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 36-year-old female who reported an injury on 10/04/2007 due to a motor vehicle accident that caused multiple fractures and injury to the left shoulder, neck and low back as well as the facial area. The patient ultimately developed facial pain, bruxism and teeth clenching. Physical findings included teeth indentations and scalloping of the right and left lateral borders of her tongue, indicative of bruxism, and palpable trigger points and taut bands found in the left facial masseter and temporalis muscles. The patient's diagnoses included bruxism, myofascial pain of the facial musculature and aggravated periodontal disease. The patient's treatment plan included an obstructive airway oral appliance, a musculoskeletal trigeminal appliance and perioperative full mouth scaling/debridement of gum for gum infections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Fabrication of obstructive airway oral appliance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J. Clin Sleep med. 2007 April 15; 3(3): 263-264. PMID: PMC2564770, Mild Obstructive Sleep Apnea Syndrome Should Not Be Treated Michael R. Littner, MD, last updated 04/01/2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J. Clin Sleep med. 2007 April 15; 3(3): 263-264. PMID: PMC2564770, Mild Obstructive Sleep Apnea Syndrome Should Not Be Treated Michael R. Littner, MD, last updated 04/01/2007.

Decision rationale: The requested fabrication of an obstructive airway oral appliance is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has mild symptoms of obstructive airway disease. However, peer-reviewed literature recommends that first-line treatment of mild obstructive sleep apnea should be medical in nature. This literature documents that dental appliances or surgery should be reserved for failed medical treatment. Therefore, the need for a fabrication of an obstructive airway oral appliance is not medically necessary or appropriate.

Retro fabrication of musculoskeletal tigminal appliance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.aetna.com/cpb/dental/data/DCPB0019.html> last updated 06/05/2012, Temporomandibular Joint Syndrome and Temporomandibular Disorders (TMD) Dental Policy Bulletin Number 019.

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

<http://www.aetna.com/cpb/dental/data/DCPB0019.html> last updated 06/05/2012, Temporomandibular Joint Syndrome and Temporomandibular Disorders (TMD) Dental Policy Bulletin Number 019.

Decision rationale: The retrospective fabrication of a musculoskeletal "tigminal" appliance is medically necessary and appropriate. A review of Aetna Guidelines recommends that these types of appliances be appropriate for patients who have significant findings of masticatory impairment. The clinical documentation does support that the patient has pain complaints and findings suggestive of clenching and bruxism as it is documented that the patient has teeth indentations and scalloping of the right and left lateral borders of her tongue. Therefore, the fabrication of a musculoskeletal "tigminal" appliance would be medically indicated. As such, the retrospective request for the fabrication of a musculoskeletal "tigminal" appliance is medically necessary and appropriate.

Retro Penioperative full month scaling/debridement of gum infections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.guideline.gov/content.aspx?id=34760&search=periodontal=disease>
Comprehensive periodontal therapy: a statement by the American Academy of Periodontology.

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

<http://www.guideline.gov/content.aspx?id=34760&search=periodontal=disease>
Comprehensive periodontal therapy: a statement by the American Academy of Periodontology.

Decision rationale: The retrospective request for perioperative full "month" scaling/debridement of gum infections is not medically necessary or appropriate. The American Academy of Periodontology recommends that patients receive a comprehensive periodontal evaluation prior to treatment. The clinical documentation fails to provide a comprehensive evaluation of the patient's dental and periodontal condition. The clinical documentation also lacks imaging studies, such as x-rays, to support the request. As full mouth scaling is not a standard of care and is only recommended in rare situations, and as there are no exceptional factors noted within the documentation to support exceeding the standard of care; this request is not indicated. As such, the retrospective request for perioperative full "month" scaling/debridement of gum infections is not medically necessary or appropriate.