

Case Number:	CM14-0145310		
Date Assigned:	09/12/2014	Date of Injury:	05/05/2009
Decision Date:	10/06/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Dentistry 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 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 Dentist report dated 08/16/14 states:" She presented for a follow up appointment after implant placement on 18,19, and 30. The implants are healing well and will be ready for restorations in 3 months. , She does have dry mouth and continues to clench and grind her teeth. She has cavities on tooth #8 and is in need of a composite filling and periodontal maintenance appointment with topical fluoride therapy. Recommended Treatment Plan: The following additional treatment plan is recommended to treat the Applicant's carries and periodontal disease caused by the industrial injury and the resultant bruxism and xerostomia.1. Composite filling #82. Periodontal maintenance every 2 months with topical fluoride therapyUr Report dated 08/27/14 states:I have reviewed the clinical information submitted for [REDACTED]. The proposed treatment is a composite filling and periodontal maintenance with topical fluoride every 2months. The surfaces to be restored for tooth #8 are not described and a posterior composite is listed on the treatment plan. Periodontal maintenance is used when the patient has some type of periodontal treatment. There is no documentation of any type of periodontal treatment or history of periodontal disease was submitted. Therefore, the request for Composite filling #8 is not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Composite filling #8: 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 (updated 08/11/14), Dental Trauma Treatment (facial fractures)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Head

Decision rationale: The proposed treatment is a composite filling and periodontal maintenance with topical fluoride every 2 months. The surface to be restored for tooth #8 is not described and a posterior composite is listed on the treatment plan. Periodontal maintenance is used when the patient has some type of periodontal treatment. There is no documentation of any type of periodontal treatment or history of periodontal disease was submitted. Therefore, the request for Composite filling #8 is not medically necessary and appropriate.

Periodontal maintenance every 2 months with topical fluoride therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002050/Dental cavities Caries; Tooth Decay; Cavities-tooth](http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002050/Dental+cavities+Caries;+Tooth+Decay;+Cavities-tooth)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics guidelines for the diagnosis & treatment of periodontal diseases. HealthPartners Dental Group and Clinics guidelines for the diagnosis and treatment of periodontal diseases. Minneapolis (MN): HealthPartners Dental Group; 2011 Dec 9. 37 p. [51 references]

Decision rationale: In the records provided, there are no 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. Absent further are detailed documentation and clear rationale, the medical necessity for this request is not evident. This IMR reviewer recommends non-certification at this time. This IMR reviewer will reconsider the request for periodontal scaling once missing exam findings mentioned above are available for review. This request is not medically necessary.