

Case Number:	CM14-0147866		
Date Assigned:	09/15/2014	Date of Injury:	05/20/2009
Decision Date:	10/07/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/11/2014

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:

Treating dentist [REDACTED] report dated 08/14/14 states: "During the oral exam. periodontal inflammation was evident and will require treatment. The patient presents with generalized moderate periodontal disease. and localized implantitis of the implants. Implants require ongoing care to maintain health. I have recommended a periodontal cleaning at this time. This will. help to determine the type of treatment she will need to maintain the implants. Without continuous care, the implants will fail and require replacement. Also. I would like to take full mouth x-rays to determine if dental treatment is required. "UR dentist report dated 08/22/14 states: "Regarding consultation with periodontics specialist : In this case, considering that the claimant has evidence of generalized moderate periodontal disease, and localized implantitis of the implants, the request for consultation with a periodontal specialist is seen medically necessary. Recommend partial-certification for consultation with a periodontics specialist x I office visit. Regarding panoramic x-ray (every 5 years) and x rays (full mouth) there is no documentation of clear rationale why the claimant requires additional panoramic x-ray. Further, there are limited clinical findings including specific dental exam findings noted in the recent medical record submitted to justify the necessity for x -rays of full mouth, Considering such, non-certification is recommended for panoramic x-ray (every 5 years) and x rays (full mouth) Regarding periodontal cleaning (every 3 months), In this case, considering that the claimant has evidence of generalized moderate periodontal disease, and localized implantitis of the implants, partial-certification is recommended for periodontal cleaning every 3 months for I year and a re-evaluation at that time to determine ongoing needs."

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a periodontics specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, Page 127

Decision rationale: Per MTUS guidelines referenced above, "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Therefore, based on the records reviewed, this IMR reviewer finds this request to be medically necessary to address this patient's dental injury. This patient may benefit from additional expertise.

Panoramic X-rays (every 5 years): Upheld

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

Decision rationale: In the records provided, there is no documentation of a clear rationale why the claimant requires ongoing additional panoramic X-ray every 5 years. Absent further detailed documentation and clear rationale, the medical necessity for this ongoing request for panoramic X-rays every 5 years is not evident.

X-rays (full mouth): 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 Head

Decision rationale: Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references] Per above citation: "Patients should receive a comprehensive periodontal evaluation and their risk factors should be identified at least on an annual basis. Such an evaluation includes discussion with the patient

regarding his/her chief complaint, medical and dental history review, clinical examination, and radiographic analysis." and "Interpretation of current and comprehensive diagnostic-quality radiographs to visualize each tooth and/or implant in its entirety and assess the quality/quantity of bone and establish bone loss patterns... should be included in a comprehensive periodontal evaluation"Based on the dental findings of generalized moderate periodontal disease and localized implantitis of the implants, this IMR reviewer finds this request for full mouth X-rays to be medically necessary.

Periodontal Cleaning (Every 3 months): Upheld

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 Periodontol2011 Jul; 82(7):943-9. [133 references]

Decision rationale: Even though periodontal cleaning maybe medically necessary for this patient at this time, an indefinite request for every 3 month is not medically necessary. 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".