

I-Decisions Inc.

An Independent Review Organization

71 Court Street

Belfast, Maine 04915

(207) 338-1141 (phone)

(866) 676-7547 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 13, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Oral Surgery with 23 hour observation placement of implants. Arthroplasty and Arthrotomy of the TMJ (21240, 21243, 21248)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

General Dentist, Practicing 18 years

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The reviewer finds that medical necessity exists for Oral Surgery with 23 hour observation placement of implants. Arthroplasty and Arthrotomy of the TMJ (21240, 21243, 21248).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 5/27/08, 7/3/08

ODG Guidelines and Treatment Guidelines

, Dr. r, DDS, 5/19/08, 4/30/08, 6/27/08

Health Questionnaire, 10/1/07

Dental Treatment Records, 12/19/07, 12/31/07, 2/14/08

Dr. , 4/22/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee was in a horse accident in xx/xx. At that time, the injured employee received multiple facial fractures, fractured left hip, shoulder, left arm and several fractured ribs. There was complete avulsion of teeth #28, #29, #30, and #10 with fracture of the mandible and dislocation of the TMJ. The injured employee also fractured teeth #14 and #19 which warranted crowns. The jaw still pops and clicks and locks part-way open. The condyle was fractured and has partially healed.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The reviewer finds that medical necessity exists for Oral Surgery with 23 hour observation placement of implants. Arthroplasty and Arthrotomy of the TMJ (21240, 21243, 21248). The reviewer agrees with the provider that implants are needed to replace #28, #29, #30, and #10. TMJ surgery is also necessary to aid in relieving the pain and locking of the TMJ. Replacing the missing teeth will aid in minimizing TMJ stress. With pain of popping, clicking, and locking of the TMJ due to the injury and partial healing of the condyle, Arthroplasty and Arthrotomy are warranted to aid in correcting the TMJ disorder due to injury. Replacing the missing teeth will also aid in minimizing the stress on the TMJ. The teeth fractured and missing due to the accident, #28, #29, #30 and #10 do warrant implants to restore. Teeth #14 and #19 warrant crowns to restore. The reviewer finds that the previous decision should be overturned.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**