



Specialty Independent Review Organization

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 1/19/09

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

The services under dispute include the following: surgical removal of erupted tooth 21, 22, 23, 24, 25 and 26, LL bone replacement graft x3, prefabricated abutment 12, 26, 10, 7, 5 21, 28 and 23, maxillary partial denture 24 and surgical placement of implant body 12, 10, 7, 5, 21, 28, 26 and 23.

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

The reviewer is a Medical Doctor who is also a Doctor of Dental Medicine who has been practicing for greater than 10 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)

The reviewer disagrees with the previous adverse determination regarding the following procedures: surgical extraction of 21, 22, 23, 24, 25 and 26; bone graft on mandible x3; surgical placement of implant body at 21, 23, 26 and 28; prefabricated abutment at 21, 23, 26 and 28; maxillary complete denture and mandibular immediate denture.

The reviewer agrees with the previous adverse determination regarding the following procedures: surgical placement of implant body at 5, 7, 10 and 12; prefabricated abutment at 5, 7, 10 and 12 and maxillary partial denture.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:  
These records consist of the following (duplicate records are only listed from one source): 12/30/08 letter from, handwritten office notes from 11/10/08, copy of

panorex film, 10/13/08 DWC 69 and report by, MD, 12/22/08 report by (w/o DWC 69), 9/16/08 MRI approval letter, 9/29/08 lumbar MRI report, daily notes by Dr. from 7/3/08 to 10/22/08, 7/10/08 request for FCE, 10/10/08 note by 'Treating Doctor', 8/26/08 consult by, MD and various DWC 73's.

11/24/08 denial letter, 12/24/08 denial letter, 11/18/08 and 12/2/08 letters by , treatment plan (x2 pages), handwritten 11/11/08 note, preauthorization intake form, professional referral form of 8/26/08 and Advanced Pain Mgmt patient data sheet.

We did not receive a copy of the ODG Guidelines from Carrier/URA. However, the ODG does not cover this type of service.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This xx year old female lost control and fell from a 6 foot ladder on xx/xx/xxxx. Her chin hit the top rung of the ladder and she fell to the floor striking her buttocks. This fall and strike resulted in the fracture of multiple teeth. Prior to the injury, she was wearing a full maxillary denture and a partial mandibular denture which was supported by remaining teeth. Due to the fall, she fractured all her supporting teeth, the maxillary complete denture and the mandibular partial denture. This is based upon the clinical and radiographical documents provided by Dr..

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

Since she lost all her supporting teeth for the mandibular partial denture, dental implant placement with bone graft is medically indicated in order to restore the same level of stability of the mandibular denture. Matching maxillary denture fabrication is indicated to match occlusion of the new mandibular denture. Dental implant placement at 5, 7, 10 and 12 with maxillary partial denture are denied. She was already edentulous prior to the injury; therefore, the requested procedure is denied as it was a pre-existing and not related to the current injury.

**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) J AM Dent Assoc, Vol 134, No 11, 1455-8 Clin Oral Implants Res, Feb 2005
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)