INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 01/28/10
DATE OF AMENDED REVIEW: 02/02/10
IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Item in dispute: Repair implant abutment B/R # 7 # 8 # 10 D6095, Panoramic Film D0330, and Replacement implant/abutment sup FFD D6095

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Texas Licensed Dentist (DDS)

REVIEW OUTCOME
Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW
1. History of present illness by Dr. D.D.S., 06/24/09
2. Description of services by Dr. D.D.S., 08/26/09
3. Notification of determination, 11/19/09
4. Outcome of requested treatment, 12/10/09
5. Rebuttal letter, 01/20/10

PATIENT CLINICAL HISTORY (SUMMARY):
The injured employee was hit by the duct at work. Teeth #2, #7, #8, #9, and #10 were damaged and the existing crowns were loosened. The injured employee was experiencing minor discomfort on the initial visit and his main complaint was loosened crowns and teeth. Originally, Dr. had requested to do four implants on teeth #7, #8, #9, and #10; however, only implants on #7, #8, and #10 were approved, leaving #8, #9, and #10 with an implant bridge. It was noted that Mr. had not seen a dentist since the implant bridge was completed in 2002. Dr. plan was to remove the implant bridge and recement it. The injured employee was encouraged to replace missing back teeth. It was noted there was a risk in removing his abutment, but the implant bridge and implant crown may get damaged due to being loose for such a long time.

On 01/20/10, there was a letter, requesting a review by the Independent Review Organization.

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

Based on the clinical records submitted for review and using evidence-based peer reviewed guidelines, it is recommended that the denial be upheld. ***Official Disability Guidelines*** do not apply.

Based on the extent of the clinical records provided, the lack of posterior teeth and chewing surfaces suggests no form of mutually protected occlusion, which would be necessary for the long-term success and viability of the dental implants and prosthesis. The lack of mutually protected occlusion from the lack of posterior teeth would predispose the injured employee's anterior implants and prosthesis to excessive loads that would most likely lead to fatigue failure.

Although the treating dentist has proposed a sound treatment plan to treat the current situation, the records would indicate that the trauma exposed to the anterior teeth was secondary to the daily occlusal trauma the implants were exposed to and therefore the denial should be upheld.

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

1. DE WR. Tissue – integrated prosthesis complications, Int. J Oral Maxillofac Implants. 1992: 7:477-484.
2. Dawson PE. Evaluation, Diagnosis, and Treatment of Occlusal Problems, St. Louis: CV Mosby: 1974, p 293-300