

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
12001 NORTH CENTRAL EXPRESSWAY
SUITE 800
DALLAS, TEXAS 75243
(214) 750-6110
FAX (214) 750-5825

Notice of Independent Review Decision

DATE OF REVIEW: *

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Replacement of crowns D2740.

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

CHIROPRACTOR

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TRANSCRIPTION WILL LIST MEDICAL RECORDS HERE WITH SPECIFIC DATES

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- D. D. S., 08/05/10, 08/11/10, 08/25/10
- , 08/23/10
- D. D. S., 08/23/10, 08/24/10
- Texas Department of Insurance, 08/30/10
- Treatment Proposal, 07/21/10

Medical records from the Requestor/Provider include:

- D. D. S., 06/16/10, 08/11/10, 08/31/10
- IRO Medical Records Request, 08/31/10
- Treatment Proposal, 07/21/10

PATIENT CLINICAL HISTORY:

Date of injury was xx/xx/xx. This is a male who suffered an electrocution while standing in water and touched a live wire. He immediately bounced from that without any dizziness or loss of consciousness, but later developed spasms all over his body, especially in his legs as well as stuttering in his speech. The nose area and cheek area feel numb compared to the rest of his face. Porcelain from #22 and #24 are broken off with some porcelain still remaining on those teeth.

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

After reviewing the case, it seems apparent that from the original submission was using the FDI system for numbering of teeth instead of using the traditional universal system. In determining that, it is my opinion that the crowns for tooth #10 and #12, the universal system, should be replaced due to the fracture of the porcelain after the injury from the electrocution.

Therefore, I disagree with the first peer review. It is my opinion that it should be overturned as there is the confusion of the FDI system and the universal system. However, the teeth referenced in the request are consistent with the medical records once you understand that the two separate systems are being used for numbering of the teeth.

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)