

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 18, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed periodic oral evaluation (D0120); dental panoramic film (D0330); post 3 SRFC resinbased CMPST (D2393); analgesia D9230); crown porcelain w/H Noble M(D2750); core buildup including any pins(D2950); end thxpy, bicuspid tooth (D3320), end thxpy, molar (D3330)

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

This case was reviewed by a Dentist licensed by the Texas State Board of Dental Examiners. The reviewer specializes in Dentistry and is engaged in a full time practice.

REVIEW OUTCOME

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

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

| Primary Diagnosis | Service being Denied | Billing Modifier | Type of Review | Units | Date(s) of Service | Amount Billed | Date of Injury | DWC Claim# | IRO Decision |
|-------------------|----------------------|------------------|----------------|-------|--------------------|---------------|----------------|------------|--------------|
| 525.11 | D0120 | | Prosp | 1 | | | | | Overturn |
| 525.11 | D0330 | | Prosp | 1 | | | | | Overturn |
| 525.11 | D2393 | | Prosp | 1 | | | | | Overturn |
| 525.11 | D9230 | | Prosp | 1 | | | | | Overturn |
| 525.11 | D2750 | | Prosp | 1 | | | | | Overturn |
| 525.11 | D2950 | | Prosp | 1 | | | | | Overturn |
| 525.11 | D3330 | | Prosp | 1 | | | | | Overturn |

| | | | | | | | | | |
|--------|-------|--|-------|---|--|--|--|--|--------|
| 525.11 | D2950 | | Prosp | 1 | | | | | Upheld |
| 525.11 | D3320 | | Prosp | 1 | | | | | Upheld |
| 525.11 | D3330 | | Prosp | 1 | | | | | Upheld |
| 525.11 | D2750 | | Prosp | 1 | | | | | Upheld |

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-19 pages

Respondent records- a total of 27 pages of records received to include but not limited to: letters 7.5.11, 7.15.11; Solutions letters 6.30.11, 7.12.11; superbill 6.29.11; x-ray of teeth #29, #30, #31; Dr note 6.22.11

Requestor records- a total of 7 pages of records received to include but not limited to: Notice of an IRO; superbill 6.29.11; x-ray of teeth #29, #30, #31; Dr note 6.22.11

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related on the job injury on xx/xx/xx.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

I have reviewed the records sent to me concerning this case. I received the clinical charting and a paper copy of a radiograph showing teeth #'s 29, 30, and 31. Paper copies are not always definitive for diagnostic purposes.

Based solely on the x-ray I have reviewed, it is clear that tooth #30 has an existing crown with recurrent decay and pulpal necrosis. The appropriate treatment for this would be endodontic therapy, crown buildup, porcelain crown. If this treatment is not completed, tooth loss is inevitable.

I cannot comment on teeth #'s 29 and 31 because the radiograph is not definitive for decay, I cannot comment on tooth #28 because it is not included in the radiograph. As far as the radiograph and exam are concerned, none of these determinations could be made without them. My judgment is based on my 31 years of clinical experience in the practice of general dentistry.

Based on medically necessity, I would overturn the denial for the exam and x-ray, endodontic treatment, porcelain crown and crown buildup for tooth #30. I would uphold the denial for the remainder of the treatment for lack of sufficient evidence.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED DENTAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

ODG WERE NOT RELIVANT IN THIS DENTAL CASE.