

SENT VIA EMAIL OR FAX ON
Oct/20/2011

Applied Assessments LLC

An Independent Review Organization
3005 South Lamar Blvd, Ste. D109 #410
Austin, TX 78704
Phone: (512) 772-1863
Fax: (512) 857-1245
Email: manager@applied-assessments.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/18/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Surgical Procedure for Dental Treatment Plan / Implants and Complete Denture maxillary

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

General Dentistry

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

OD Guidelines

Request for IRO dated 09/30/11

Request for IRO dated 09/26/11

Utilization review determination dated 07/20/11

Utilization review determination dated 08/30/11

Letter, Dr.

Dental treatment case report dated 06/10/11

Hand-written clinical notes covering treatment from 2004 through 2007

Pictures of the claimant's prosthesis

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have a date of injury of xx/xx/xx. The mechanism of injury is not noted in the clinical records. The claimant was subsequently seen by Dr. who notes that the claimant has severe pain due to an epulis fissuratum that has formed in the mandibular vestibule anterior of teeth #23 through #36. It is reported his pathology is painful and makes it virtually impossible to wear a denture. Dr. implies that this occurred due to the claimant's ill-fitting implant retained overdenture. He notes that the current placement of the implants in the mandible is not adequate to handle the cantilever that has been created in the connector bar, which holds his overdenture onto the implants. He subsequently recommends that the claimant receive a fixed detachable denture that will be attached to the claimant's implants through special abutments in the CAD-CAM milled bur titanium that will be screwed onto the implants. The placement of this reduces the change of any further pathology due

denture rocking on the connector bar and removes the other unpleasant side effects of having a removable prosthetic. He wears a conventional denture in the maxilla. He notes that the claimant will require interim dentures to wear while he heals from the surgery that he needs, which includes removal of the epulis fissuratum, removal of inadequate connector bar and abutments, the placement of two additional implants at both the proper angle of orientation and physical location within the mandible. Once healed, proper abutments can be placed and then delivery of a new titanium connector bar with its associated implants supported fixed attachment denture and his new final maxillary denture.

The initial review is performed on 07/20/11 by Dr. DDS. Dr. notes the performance of a peer-to-peer contact with Dr. indicating that he received very minimal information provided. He indicates that no information on the claimant's previous Worker's Compensation case of dental treatment was provided. He further notes that the information was presented by Dr. office indicates a requirement for surgical treatment with epulis fissuratum removal is a usual treatment for such diagnosed problems. He notes that the proposed treatment would be considered additional treatment of epulis fissuratum. He notes the lack of information and radiographic documentation for the claimant's case does not allow for proper determination. He further notes that the treatment as presented is an option; however, there are other treatments available.

On 08/30/11 the request was reviewed by Dr. DDS, MD. Dr. subsequently non-certified the request noting a lack of substantive information.

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

The request for surgical procedure for dental treatment plan/implants and complete maxillary denture is not supported by the submitted clinical information. Therefore, the previous utilization review determinations are upheld. The available clinical records do not provide sufficient data regarding the claimant's dental trauma and subsequent treatment to establish the medical necessity for the proposed procedure. The data as presented fails to establish medical necessity for proposed treatment plan.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES