Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: JUNE 7, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Treatment Requested: 1 dental treatment crown Porcelain on tooth 8, Pontic all ceramic, on tooth 9; core build up and crown Porcelain for tooth 10; custom abutment and abutment supported crown for implant on tooth 9 (D6740, D6245 X 2)

Surgical extraction, bone graft, guided tissue regeneration, surgical placement of implant Endosteal implant on tooth 9 and a periodontal evaluation, as an outpatient
(D2950, , D6057, D6060, D5820, D7210, D4263, D4266, D6010, D0150)

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
873.63	D6740		Retro	1			Xx/xx/xx	90000639536	Overturn
873.63	D6245		Retro	2			Xx/xx/xx	90000639536	Overturn
873.63	D6057		Retro	1			Xx/xx/xx	90000639536	Uphold
873.63	D6060		Retro	1			Xx/xx/xx	90000639536	Uphold
873.63	D5820		Retro	1			Xx/xx/xx	90000639536	Uphold
873.63	D7210		Retro	1			Xx/xx/xx	90000639536	Uphold
873.63	D4263		Retro	1			Xx/xx/xx	90000639536	Uphold
873.63	D4266		Retro	1			Xx/xx/xx	90000639536	Uphold

873.63	D6010		Retro	1			Xx/xx/xx	90000639536	Uphold
873.63	D0150		Retro	1			Xx/xx/xx	90000639536	Uphold
873.63	D2950		Retro	1			Xx/xx/xx	90000639536	Uphold

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI- Request for an IRO-23 PAGES

Respondent records- a total of 55 pages of records received to include but not limited to: letters 4.30.13, 5.14.13; Records 10.2.12,10.11.12; records 10.9.12; dental x-rays

Requestor records- a total of 71 pages of records received to include but not limited to: records 8.31.12-5.8.13; Dental x-rays; TDI letter 5.17.13; records 10.9.12-5.8.13; letters 4.30.13, 5.14.13; Dental x-rays 10.2.12 record 10.9.12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related 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.

This case brings into question expectation for longevity of restorations placed. It is certainly reasonable for the Payor to expect that restorations placed will have an acceptable life span. The patient is not wanting to treat the periodontal disease and only have the bridge/implant placed. The x-rays and periodontal charting, and clinical observations clearly show at least moderate periodontitis. It is certainly more favorable for the periodontal health to be optimum when performing any dentistry.

The x-rays show that there is more than adequate bone around the abutment teeth to justify placing a fixed bridge. Placement of an implant in active periodontal disease sites is contraindicated. Some treatment needs to be performed to restore the dentition and replace tooth # 9. The fact that patients cannot, or choose not to obtain optimal periodontal health isn't really a factor in determining if something is medically necessary. Clearly replacement of tooth # 9 is necessary. If we were to wait for all our patients to have optimum periodontal health before we restore teeth, we would be waiting a long time. The bone loss in the anterior region of this patient does not appear to have progressed beyond enough support for a fixed prosthesis.

Based on my 33 years of clinical experience in my own dental practice, my determination would be to **uphold** the URA denial for implant placement and related services, and to **overturn** the URA denial for the fixed bridge.

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 MEDICAL STANDARDS