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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/23/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: porcelain ceramic crown
02/06/2014

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.D.S., 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical note 06/19/14
Utilization adverse determination 05/15/14

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who presented for dental work including porcelain ceramic crown onlay on 02/06/14. Clinical note dated 06/19/14 got this backwards clinical note dated 05/15/14 indicated the patient undergoing crown and inlay and onlay. Utilization review dated 06/19/14 resulted in denial for onlay as onlay was indicated when the tooth was extensively decayed with a complete cusp fracture. Tooth #2 and 3 were revealed as having no significant symptoms.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The clinical documentation indicates the patient complaining of tooth #2 and 3 pain. The onlay is indicated for a fracture at tooth. No information was submitted regarding significant clinical findings at tooth #2 or 3. Given this, the request is not indicated. As such it is the opinion of this reviewer that the request for porcelain ceramic crown 02/06/2014 is not recommended as medically necessary.

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

ACOEM-AMERICA 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)

1.) B. NUGALA, BB SANTOSH KUMMAR. BIOLOGIC WIDTH AND ITS IMPORTANCE IN PERIODONTAL AND RESTORATIVE DENTISTRY. J CONSERV DENT 2012 JAN-MAR, 15(1): 12-17

2.) BJARNI E. PJETURSSON, URS BRAGGER, ET AL. COMPARISON OF SURVIVAL AND COMPLICATION RATES OF TOOTH SUPPORTED FDPS AND IMPLANT-SUPPORTED FDPS AND SINGLE CROWNS. CLIN. ORAL IMPL. RES 18 (SUPPL.3), 2007;97-113.