
Independent Reviewers of Texas
2150 S Central Expressway Suite 200-264
McKinney, TX 75070
independentreviewers@hotmail.com
Phone: 214-533-2864
Fax#: 214-380-5015

Notice of Independent Review Decision

[Date notice sent to all parties]:

10/22/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Scaling and root planning

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

Dentist

REVIEW OUTCOME:

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

Overturned (Disagree)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X-Ray of the teeth, Unsigned

, Perio Examination, Signature Illegible

, Dental Claim Form, xxxxxx, DDS.

Undated, Claim Review Report, Unsigned

Undated, X-ray of the teeth, Unsigned

, Denial Letter, "Consumer Protection Section"

PATIENT CLINICAL HISTORY [SUMMARY]: The

patient is a with periodontal disease, who had scaling and

root planning on xxxx. The periodontal chart indicated

abnormal findings including multiple probing depths of 4,

5, and 6 mm with multiple bleeding points.

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

Following review of the periodontal charting the treatment provided by xxxx, DDS for xxxx xxxx is certified. The patient's periodontal chart indicated the patient has multiple probing depths of 4, 5, and 6 mm with multiple bleeding points. Normal probing depth is 1-3 mm without bleeding. This finding satisfies the diagnostic criteria of Periodontitis according to The Journal of Periodontology. The treatment provided therapeutic techniques for this level of pathology. Given the above, medical necessity has been substantiated.

IRO REVIEWER REPORT TEMPLATE -WC

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

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

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
The Journal of Periodontology December 2012, Vol. 83, No. 12, pages
1449-1454.