

# I-Resolutions Inc.

An Independent Review Organization

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*Amended 5.09.18*

*Amended 5.29.18*

## ***Description of the service or services in dispute:***

- D4263 Bone replacement graft – first site in quadrant
- D6010 Surgical placement of implant body: endosteal implant
- D6056 Prefabricated abutment – includes modification and placement
- D6058 Abutment supported porcelain/ceramic crown
- D6740 Retainer crown – porcelain/ceramic
- D6245 Pontic – porcelain/ceramic
- D0220 Intraoral – periapical first radiographic image
- D7210 Surgical removal of erupted tooth requiring removal of bone and/or sectioning of
- D2740 Crown-porcelain/ceramic substrate
- D2950 Core build-up, including any pins
- D3110 Pulp cap-direct (excluding final restoration)
- D7250 Surgical removal of residual tooth roots (cutting procedure)
- Prosthetic replacement of upper anterior teeth as a result of a work-related injury.

***Description of the qualifications for each physician or other health care provider who reviewed the decision:*** Licensed General Dentist

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

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

## ***Patient Clinical History (Summary)***

XXXX with the date of injury XXXX. XXXX was diagnosed with a disorder of teeth and supporting structures, unspecified (K08.9). The additional diagnoses included contusion of the nose (face), initial encounter (S00.33Xa) and dental implant pain.

XXXX was seen by XXXX on XXXX after the injury. Per the note, XXXX had a bridge in XXXX mouth, so XXXX was unable to locate the exact location of the bleeding. The pain was rated at 8/10, which was constant. The examination revealed moderate tenderness over XXXX mouth and nose. XXXX also had complaints of headache.

The treatment to date included medications (XX).

XXXX evaluated XXXX on XXXX. XXXX was injured while XXXX was at work. XXXX reported that the XXXX. When XXXX, the XXXX in XXXX face and mouth. It was noted that XXXX upper bridge was mobile. There was a vertical fracture on tooth #7 and shear fracture on tooth #6 with positive temperature.

In a letter dated XXXX, XXXX stated that XXXX had a vertical root fracture of teeth #7 and #11, causing XXXX existing bridge to become loose. XXXX reported that a XXXX in the face and mouth while at work. Teeth #7 and #11 were both abutment to XXXX existing bridge and not salvageable. The treatment recommendation was as follows: extract teeth #7 and #11 and place a bone graft, place implants at teeth #7, #9, #10 and #11, optional XXXX clear aligner therapy, restore with implants of teeth #7, #9, #10 and #11, restore teeth #6 and #12 with full coverage crowns and restore teeth #3 and #5 with a bridge. Due to the number of missing teeth, a long-span bridge was contraindicated.

Per a utilization review decision letter dated XXXX, the requested service was denied. The primary reason for determination was the requested service was not medically necessary. Official Disability Guidelines (ODG) noted that among all facial injuries, dental injuries were the most common, of which crown fractures and luxations occurred most frequently. An appropriate treatment plan after an injury was important for a good prognosis. X-rays prior to the trauma were requested and not received. It would be useful and fair to be able to see x-rays prior to the trauma and know the history of the existing and damaged bridge. Medical necessity had not been established. Tooth #6 was involved in the trauma, but tooth #12 was requested for esthetics only and teeth #3 and #5 were not involved in the trauma.

In an appeal letter dated XXXX, XXXX stated that in XXXX case, replacing the bridge that XXXX already had with another bridge would have a guarded prognosis due to the extraction of teeth #7 and #11. This meant a long-span bridge extending from teeth #6 to #12. A long span bridge supported by single-rooted teeth had a poor prognosis. Hence, XXXX recommended implant replacement with bone graft. A long span bridge extending from teeth #6 to #12 not only weakened the abutment teeth #6 and #12 but would require a replacement in seven to ten years.

Per a utilization review decision letter dated XXXX, the requested service was not approved. There was lack of documented pathology per the dental x-ray submitted for review to indicate the need for treatment. There was also lack of documentation that teeth #3, #5, #8, #10 and #12 were damaged in the work event. Therefore, the request was not medically necessary.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

There is lack of documentation that teeth #3, #5, and #12 were damaged in the work event. Tooth #6 appears to have been involved in the trauma. Tooth #7 was fractured upon examination and could have plausibly resulted from the work event. Tooth #11 was noted as not salvageable and could have plausibly been involved in the work event; however, how it was not salvageable is not noted. Tooth #12 was requested for esthetics only. The claimant's existing bridge is 7 x 8 x 11 per notes.

Per ODG, "Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will

require root canal treatment and a protective restoration. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. Rather than resting on the gum line like removable dentures, or using adjacent teeth as anchors like fixed bridges, dental implants are long-term replacements. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. The placement of dental implants can have deleterious effects on the growing alveolar process, and it is necessary to delay implant reconstruction until the cessation of skeletal or alveolar growth. In situations where replacement of the tooth is accomplished by dental implants, the dental crown is also included.”

Based on the current evidence, tooth #6 did reasonably result from the injury as did possibly #7 and #11. Because the claimant’s current bridge spans 7 x 8 x 11, replacing tooth #6 with an implant may compromise the ability to continue the current bridge due to tooth #6’s questionable integrity to act as an anchor for the bridge. Further, the damage of teeth #7 and #11 should be addressed due to the damage to the teeth within the bridge. Thus, implants are the most reasonable option given the combination of factors. Teeth #6, 7 and 11 need to be addressed as part of the injury due to the overlap of the bridge, and possibly tooth #8 due to the inability to continue to use the bridge. Given the documentation available, the requested service(s) is considered medically necessary.

Given the documentation available, the requested service(s) of XXXX is considered not medically necessary. There is lack of documentation that teeth #3, #5, and #12 were damaged in the work event. Given the documentation available, the requested service(s) is considered not medically necessary. The implants to replace teeth 6, 7, 8, 9, 10 and 11 is reasonable and related to the compensable accident. Given the documentation available, the requested service(s) is considered partially medically necessary. There is lack of documentation that teeth #3, #5, and #12 were damaged in the work event.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- AHRQ-Agency for Healthcare Research and Quality Guidelines DWC-Division of Workers
- Compensation Policies and Guidelines European Guidelines for Management of Chronic Low Back
- Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)

### **Appeal Information**

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:  
Chief Clerk of Proceedings Texas Department of Insurance  
Division of Workers' Compensation P. O. Box 17787  
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.