



F17 Insurance Fraud or Sloppy Charting?

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The educational goal of this presentation is to identify a human skull using antemortem and postmortem dental radiographs and charting that oppose each other.

This abstract will discuss how one error or exaggeration on the deceased's antemortem chart almost made it impossible to make a positive identification using dental radiographs and charting.

The Coroners office brought a human skull, along with antemortem records, to a dental office for identification. The teeth and restorations of the deceased were recorded, and periapical films were taken of the teeth and jaw that were available.

A human skull was radiographed using dental periapical films. The coroner thought the remains might have been from a 19-year-old male that had been missing for nine months. The maxilla was attached. There were no other bones present. The skull contained teeth #'s 1, 2, 3, 5, 14, 15, and 16. The remaining maxillary teeth were lost postmortem. Two different sets of antemortem radiographs were available, along with charting. All of the teeth that were supposed to be present, if this were the deceased in question, were present. The antemortem radiographs were done before restoration. The restorations that were present in the deceased were slightly different from what had been treatment planned by both previous dentists.

The original dentist had the following treatment plan for the abovementioned teeth (#s 1, 2, 3, 5, 14, 15, 16). Tooth #1 extract, #2 occlusal decay, #3 mesial occlusal decay, #5 distal occlusal decay, #14 occlusal decay, #15 occlusal decay, and #16 extract.

The second dentist treatment planned and restored the teeth as follows. Tooth #1 consultation, #2 occlusal lingual amalgam, #3 mesial occlusal lingual buccal amalgam, #5 mesial occlusal distal amalgam, #14 occlusal lingual amalgam, #15 occlusal lingual amalgam, and #16 consultation.

The deceased's skull had the following dental restorations. Tooth #1 impacted, #2 occlusal lingual amalgam, #3 mesial occlusal amalgam, #5 mesial occlusal distal amalgam, #14 occlusal lingual amalgam, #15 occlusal lingual amalgam, and #16 impacted.

The differences between the teeth that had occlusal lingual amalgams could be easily explained. The restoring dentist found it necessary to extend the filling into the lingual groove. The original dentist diagnosed tooth #5 as needing a distal occlusal filling. The restoring dentist must have felt the need to include the mesial. The discrepancy comes with tooth #3. The original dentist treatment planned #3 for a mesial occlusal filling. The restoring dentist billed the restoration for this tooth as a mesial occlusal lingual buccal. The restoration was also charted this way. The deceased had an average sized mesial occlusal amalgam on tooth #3. It did not extend onto the buccal or lingual surfaces.

Given that there were only seven teeth to evaluate postmortem, it was crucial that all factors studied, including bony trabeculation, sinus variations, root morphology, teeth present or absent, as well as restorations, be congruent.

The restoring dentist was called numerous times to clarify if this was a "charting error." The calls were not returned promptly. Eventually the deceased's teeth were shown to the restoring dentist. The dentist explained that he routinely charted and billed for extra surfaces if the restorations extended a little to the buccal or the lingual.

The deceased was identified using the antemortem and postmortem records, and radiographs. The forensic odontologists relied on the comparisons of the postmortem and antemortem radiographs to give a positive identification of the deceased.

It is imperative that forensic dentists be cognizant that restoring dentists do not always accurately chart the decay or the restorations present or needed. Whether the restoring dentist is sloppy at restoration charting or fraudulent does not concern anyone, except the insurance companies and the patient. Forensic odontologists should study all of the evidence, but base their decisions on scientific fact.

Dental Radiographs, Forensic Science, Inaccurate Charting