GUIDELOGUE STATEMENT
This guideline outlines the management of children with severe maxillary or mandibular deformity who require Maxillo Mandibular Osteodistraction as required by the Children’s Rehabilitative Services Program, Arizona Health Care Cost Containment System, State of Arizona. Clinical guidelines are not used.

PURPOSE
Clinical Practice Guidelines represent the minimum requirements for providing care for individuals with certain craniofacial anomalies and treatment should be provided in a manner that includes adherence to and consistency with the following Guideline.

DEFINITIONS:
Children’s Rehabilitative Services (CRS): An AHCCCS program for children with certain diagnoses which provides services using an integrated family-centered, culturally competent, multi-specialty, interdisciplinary approach.

Multi Specialty Interdisciplinary Clinic (MSIC): The Specialty Medical Home for the members with diagnoses as designated by the Arizona Administrative Code (AAC) R9-7-202 (R9-22-1303, 10-1-2013).
I. Patient Selection Criteria:

Children with severe maxillary or mandibular deformity for which no other osteotomy technique is appropriate and who have at least one of the following:

1. Respiratory problems to the extent of producing clinically significant dynamic or static airway obstruction.

2. Serious verbal communication disturbance as determined by a speech therapist. The report must indicate that the deformity is the primary etiology for the speech impairment and that speech therapy alone cannot further improve speech.

3. Mastication abnormality affecting the nutritional status of the individual resulting in growth abnormalities.

II. Protocol:

1. Children who meet selection criteria for maxillo-mandibular osteodistraction shall be scheduled for consultation with the interdisciplinary craniofacial team at the CRS Multispecialty Interdisciplinary Clinic (MSIC) site where the procedure is to be performed.

2. Pre-procedure status is to be documented by chart photographs, 3D CT scan and/or 1 CAT and when appropriate, speech tape.

3. All patients undergoing distraction need pre-operative orthodontic treatment for appropriate alignment of dentition.

4. Out of Region Patients:

   a. Prior to scheduling the procedure, the procedure site interdisciplinary team shall consult with the home site team to ensure home site CRS clinic involvement and follow up. If there are no obvious contraindications to proceedings with osteodistraction related to inter-site management, all information from the procedure site team shall be forwarded to the Contractor Medical Director for approval.

   b. The purpose of the interdisciplinary evaluation at procedure and home sites shall be an attempt to clearly establish that the member and family are capable of accepting and following through with the extensive post-operative care, procedure modifications, and therapy.

III. Interdisciplinary Team Membership:

The team shall include:

- Craniofacial surgeon
- Nutritionist
- Oral surgeon
- Orthodontist
- Pediatrician
- Psychologist
- Social Worker
- Speech Pathologist
IV. Outcome Evaluation:

It shall be the responsibility of the craniofacial surgeon managing the osteodistraction procedure to provide periodic outcome progress reports at intervals determined by the craniofacial team, but at a minimum of 6, 12, 24 and 48 months post procedure. Reports must include documentation of:
- Any change in airway status
- Any change in speech status
- Any change in mastication status
- Photographs of facial reconstruction

References:


