

## WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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STATE OF WISCONSIN  
BEFORE THE DENTISTRY EXAMINING BOARD

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IN THE MATTER OF THE DISCIPLINARY	:	
PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
INGO G. MAHN, D.D.S.,	:	
RESPONDENT.	:	<b>ORDER 0001172</b>

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[Division of Enforcement Case #10 DEN 007]

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Ingo G. Mahn, D.D.S.  
Five Fields Plaza  
N35 W23770 Capitol Drive  
Pewaukee, WI 53072

Division of Enforcement  
Department of Regulation and Licensing  
1400 East Washington Avenue  
P.O. Box 8935  
Madison, WI 53708-8935

Wisconsin Dentistry Examining Board  
Department of Regulation & Licensing  
1400 East Washington Avenue  
P.O. Box 8935  
Madison, WI 53708-8935

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Dentistry Examining Board (Board). The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Ingo G. Mahn, D.D.S. ("Respondent"), was born on November 12, 1960 and is licensed to practice as a dentist in the State of Wisconsin (license #3488-15). This license was first granted on July 1, 1985.

2. Respondent's most recent address on file with the Wisconsin Dentistry Examining Board is Five Fields Plaza, N35 W23770 Capitol Drive, Pewaukee, Wisconsin.

3. At all times relevant to this action, Respondent was employed as a dentist at his own clinic, located in Burlington, Wisconsin. As a part of an Institutional Review Board experiment, Respondent performed procedures involving the injection of ozonated oxygen into and around the abutment tooth to treat anaerobic infections.

4. On 12/12/2001, Patient D.L. presented for dental consultation. Patient D.L. had a history of continuing bone loss and root decay. Dr. Mahn recommended extraction of tooth #14 and a removable appliance to restore the area from tooth #9 to #14. Patient D.L. had a strong desire to maintain tooth #14 and to avoid a removable appliance. Respondent recognized Patient D.L.'s history of tooth and bone loss and the poor candidacy of tooth #14 as a bridge anchor. However, because tooth #14 exhibited recession at the time, but not mobility or increased pocket depths, Respondent recommended a continuous fixed bridge from tooth #14 through #9. Based on successful treatments with other patients, Respondent represented that the use of ozonated oxygen therapy with excellent home care and regular follow-up visits could maintain a fixed prosthesis between teeth #'s 9-14.

5. On 1/7/2002, Patient D.L. presented to Dr. C.M. for extraction of tooth #15. Examination and radiographs taken revealed too much bone loss had occurred for tooth #14 to be used as a bridge anchor. Dr. C.M. recommended extraction of tooth #14.

6. On 12/8/2003, Patient D.L. presented to Dr. A.O. for a new lower partial. Dr. A.O. stated that given the condition of Patient D.L.'s maxillary teeth and previous history of tooth and bone loss, a continuous fixed bridge from #14 to #9 would not be viable.

7. On August 31, 2004, Patient D.L. again consulted with Respondent on the viability of a continuous fixed bridge. Radiographs taken that day revealed a pocket of infection in the bottom root area of tooth #14. Respondent represented that endodontic therapy of #14 and ozonated oxygen therapy will enable the use of a continuous bridge from #14 to #9.

8. On September 28, 2004, Patient D.L. presented to Dr. P.M. for endodontic therapy of tooth #14. Dr. P.M. stated that because of the bone loss, #14 would not be a good candidate for use as the anchor tooth in a continuous fixed bridge. Patient D.L. expressed this concern to Respondent. Respondent stated that ozonated oxygen therapy would eliminate any bacteria leading from the exposed root surfaces to the interior, and that with proper care, tooth #14 would last for many years.

9. On October 13, 2004, Patient D.L. presented for ozonated oxygen therapy, with subsequent sessions on October 20, 2004, October 27, 2004, December 20, 2004, and January 24, 2005.

10. On November 16, 2004, Patient D.L. again consulted with Respondent on the viability of a continuous bridge from tooth #14 to #9. Respondent's record states "#14 still questionable due to compromised endo." On November 17, 2004, Respondent presented a

restoration plan to Patient D.L. stating that with his training and experience in similar cases, Respondent was confident that a continuous fixed bridge was a viable restoration.

11. On April 12, 2005, Patient D.L. presented for impressions for a continuous fixed bridge from tooth #14 to # 9.

12. On May 16, 2005, Patient D.L. presented to cement the continuous fixed bridge.

13. On July 12, 2007, Patient D.L. presented for examination of tooth #14. Respondent examined the tooth, found that the root tip was loose and subsequently removed the root tip.

14. On September 1, 2008, Patient D.L. presented for a prophylaxis appointment with Dr. E.S. Dr. E.S.'s dental hygienist found decay on one of the two remaining roots of tooth #14.

15. On November 6, 2008, Patient D.L. presented for a periodic evaluation and prophylaxis appointment. At this appointment, Respondent took four bitewing radiographs.

16. On November 20, 2008, Respondent informed Patient D.L. that the area along the gum line of tooth #14 was decaying and that the restoration would last only another 12-18 months.

17. On March 9, 2009, Respondent presented to Dr. M.K. for initial examination. Periodontal examination revealed severe bone loss in tooth #14. Dr. M.K. recommended removal of maxillary teeth in order to avoid failure of the restoration from recurrent dental caries.

18. Minimal standards of the profession of dentistry require that a dentist adequately diagnose and treat a dental condition. Respondent's decision to use tooth #14 as a continuous fixed bridge anchor despite his own acknowledgement of the poor candidacy of the tooth substantially departed from the standard and minimum competence in the practice of dentistry.

19. As a result, Patient D.L. expended substantial amounts of time and capital for a transitory dental restoration requiring retreatment.

#### CONCLUSION OF LAW

1. The Wisconsin Dentistry Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. § 447.07, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described above constitutes unprofessional conduct as defined by Wis. Admin. Code § DE 5.02(5) and subjects Respondent to discipline pursuant to Wis. Stat. § 447.07(3)(a).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that:

1. Ingo G. Mahn, D.D.S. (license #3488-15) is REPRIMANDED.

IT IS FURTHER ORDERED that:

2. Respondent's license to practice dentistry is LIMITED by the condition that, within one hundred twenty (120) days from the date of this Order, Respondent shall obtain and successfully complete a minimum of six (6) hours of education in the areas of case selection or treatment planning.
  - a. Respondent shall locate and have the Board or its designee pre-approve each educational program prior to Respondent completing it.
  - b. Within 30 days after Respondent has completed each educational program, Respondent shall submit to the Department Monitor proof of his attendance and that he has successfully completed each educational program.
  - c. Respondent cannot apply these six hours of education to the biennial continuing education requirements. If Respondent obtains more than six hours of education to fulfill the requirements of this Order, then Respondent can use any of the hours of education obtained in excess of six hours towards the biennial continuing education requirements.
  - d. The Limitation shall be removed from Respondent's license after he has satisfied the Board or its designee that he has successfully completed all of the ordered education.
  - e. Requests for pre-approval of education and proof of successful completion shall be submitted to the Department Monitor at the address below.
  - f. Respondent is responsible for all costs of compliance with this Order.
3. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of ONE THOUSAND FIVE HUNDRED DOLLARS (\$1,500.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

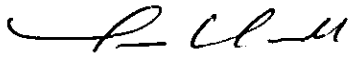
Department Monitor  
Division of Enforcement  
Department of Regulation and licensing  
P.O. Box 8935  
Madison, WI 53708-8935  
Telephone (608) 267-3817

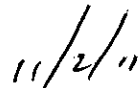
4. Violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In the event Respondent fails to provide evidence of satisfactory completion of the education, or pay the costs as set forth above in a timely matter, the Respondent's license (#3488-15) may, in the discretion of the board or its designee, be SUSPENDED, without further notice or hearing, until Respondent has paid costs and submitted evidence of satisfactory completion of the education.

5. This Order shall become effective on the date of its signing.

WISCONSIN DENTISTRY EXAMINING BOARD

By:

  
A Member of the Board

  
Date