



Texas Department of Insurance, Division of Workers' Compensation
 7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity Dispute

PART I: GENERAL INFORMATION

Type of Requestor: <input type="checkbox"/> Health Care Provider <input checked="" type="checkbox"/> Injured Employee <input type="checkbox"/> Insurance Carrier	
Requestor's Name and Address:	MDR Tracking No.: M5-05-1529-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Insurance Company of the State of PA Box 19	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: DWC-60 dispute package
 POSITION SUMMARY: No position summary submitted

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to DWC-60
 POSITION SUMMARY: Carrier asserts that these treatments were unrelated to the compensable injury of ____, and were neither reasonable nor necessary to treat that compensable injury.

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
03-09-04 to 01-13-05	B-12 injections, facility use charge, medical records and endoscopy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code and Division Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), Medical Dispute Resolution assigned an Independent Review Organization (IRO) to conduct a review of the medical necessity issues between the requestor and respondent.

The Division has reviewed the enclosed IRO decision and determined that the requestor did **not** prevail on the disputed medical necessity issues.

Dates of service 05-30-02 through 12-10-02 were not submitted timely per Rule 133.308(e)(1) and will not be a part of the review.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the requestor is not entitled to reimbursement for the services involved in this dispute.

Findings and Decision by:

12-16-05

Authorized Signature

Date of Findings and Decision

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.



CompPartners Final Report



CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: _____
Texas IRO #: _____
MDR #: M5-05-1529-01

Social Security #: XXX-XX-XXXX
Treating Provider: Sreenivasulu Cherlo, M.D.
Review: Chart
State: TX
Amended: 12/13/05

Review Data:

- Notification of IRO Assignment dated 10/10/05, 1 page.
- Receipt of Medical Dispute Resolution Request dated 10/7/05, 1 page.
- Order for Payment of Independent Review Organization Fee dated 10/25/05, 1 page.
- Medical Dispute Resolution Request/Response dated 1/24/05, 1 page.
- Provider Federal Tax Identification Number and the License/Certification/Registration Number Request Form, 1 page.
- Table of Disputed Services Form dated 6/30/04, 6/29/04, 1/13/05, 12/20/04, 10/4/04, 9/30/04, 5/5/04, 3/9/04, 10/29/02, 9/23/02, 12/10/02, 6/27/02, 5/30/02, 1 page.
- Letter dated (unspecified date), 4 pages.
- Statement dated 3/1/04, 1 page.
- Receipts dated 9/30/04, 10/4/04, 11/16/04, 1/13/05, 12/20/04, 3/9/04, 5/5/04, 12/31/04, 4 pages.
- Office Visit Routing Slips dated 12/10/02, 6/27/02, 5/30/02, 10/19/00, 11/9/00, 7/31/00, 9/13/00, 4 pages.
- Patient Worksheet/Walkout Statement dated 10/29/02, 9/23/02, 2 pages.
- Letters dated 10/18/05, 3/23/05, 4 pages.

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied B-12 injections, facility use charge, medical records and Endoscopy from the dates of service for 3/9/04 to 1/13/05.

Determination: UPHELD - previously denied B-12 injections, facility use charge, medical records and Endoscopy from the dates of service for 3/9/04 to 1/13/05.

Rationale:

Patient's age:

Gender: Male

Date of Injury: ____

Mechanism of Injury: Not stated for this review.

Diagnosis: Pernicious anemia.

The claimant apparently sustained a work related low back injury on ____ . No information was provided regarding his injury, and no orthopedic records were provided. At some time after the low back injury a diagnosis was made of pernicious anemia. The claimant has been receiving B-12 injections for pernicious anemia, and on 6/29/04, he had some type of endoscopic procedure. Based on the information provided, this reviewer agrees with the determination of the insurance carrier. There was no information regarding the ____ work injury. According to a letter from the claimant, he sustained a back injury and was diagnosed with a herniated disc, but again, there

was no medical information provided for review. The fact that the diagnosis of pernicious anemia followed the back injury does not imply a connection. Pernicious anemia is a condition that is unaffected by back injury and is not caused by industrial injury. The validity of the diagnosis of pernicious anemia is not disputed and the use of vitamin B-12 in its treatment is not disputed. The connection between the industrial injury and the disease of pernicious anemia is not established and the items in dispute are the periodic B-12 injections from 3/9/04 to 1/13/05, some type of gastrointestinal endoscopic procedure on 6/29/04, a facility use charge on 6/30/04 and a medical records copy fee on 10/4/04. It appears that the disputed items pertain to medical conditions and would not be indicated for treatment of a Workers' Compensation low back injury. No evidence was submitted that the pernicious anemia is related to the industrial injury.

Criteria/Guidelines utilized:

1. TDI/DWC rules and regulations.
2. ACOEM Guidelines, 2nd Edition, Chapters 4 and 12
3. *Harrison's Principles of Internal Medicine Textbook & CD-ROM* by Eugene Braunwald, Anthony S. Fauci, Dennis L. Kasper, Stephen L. Hauser, Dan L. Longo, J. Larry Jameson, Braunwald, Fauci, Isselbacher, Publisher: McGraw-Hill Professional; 15 edition (February 1, 2001)

Physician Reviewers Specialty: Orthopedic surgery.

Physician Reviewers Qualifications: Texas licensed MD, and is also currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.

You're Right to Appeal,

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code § 413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.