

MDR Tracking #M5-05-1921-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution –General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 3-10-05.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the work hardening program and the physical performance test from 3-26-04 through 5-10-04 were not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were not the only fees involved in the medical dispute to be resolved.

On 4-12-05 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

CPT code 99080-QU on 5-6-04 and 5-11-04 was denied by the carrier as "U – unnecessary treatment". Requestor did not submit relevant documentation to support service rendered or to enable MDR to review this service (whether this was a TWCC required report or medical copies). **Recommend no reimbursement.**

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 3-26-04 through 5-11-04 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Finding and Decision is hereby issued this 16th day of May, 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-05-1921-01
Name of Patient:	_____
Name of URA/Payer:	Main Rehab & Diagnostic
Name of Provider: (ER, Hospital, or Other Facility)	Main Rehab & Diagnostic
Name of Physician: (Treating or Requesting)	Robert Bedford, DC

May 10, 2005

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Texas Workers Compensation Commission

CLINICAL HISTORY

Available information suggests that this patient reports experiencing a work related injury when she slipped and twisted her ankle while emptying garbage on _____. She was taken to JBS Hospital where x-rays were taken and found essentially normal. The patient was given pain medications and conservative care recommendations. Another physician following hospital presentation apparently sees the patient but no reports of this are available for review. On 01/12/04, this patient presents to a Robert L. Bedford, DC, for chiropractic care and evaluation. X-rays appear to be repeated and again found normal with some soft tissue swelling. The patient is diagnosed with unspecified ankle sprain, spasm and paresthesia and provided with extensive physical therapy including exercise and passive modalities. On 01/21/04, Dr. Bedford appears to refer this patient for MRI scan of the left ankle, but no radiology report of this is provided for review. Chiropractic notes from 01/29/04 suggest MRI findings of partial tear/strain of the anterior talofibular ligament, but no specific clinical correlation of these findings is provided for review. The patient also appears to be seen by a Dr. Liebman and a Dr. Castillo but no reports of these evaluations are provided for review. The patient is apparently referred to a Charles Whittenburg, MD for an orthopedic assessment on 03/01/04, but again no specific report from this doctor is provided for review. In addition, chiropractic notes suggest that the patient is scheduled for a designated doctor evaluation on 03/03/04 or 03/05/04, but again no reports of these findings are provided for review. Chiropractic notes from 03/09/03 suggest that Dr. Whittenburg did evaluate the patient and found no ankle instability. Chiropractic notes from orthopedic report suggest that the patient simply has an ankle sprain and it is anticipated that it will resolve completely without further complication. On 03/25/04, chiropractor appears to perform extensive evaluations including physical performance tests suggesting that the patient undergo extensive work hardening program.

REQUESTED SERVICE(S)

Determine medical necessity for (97545) work hardening conditioning, (97546) additional work hardening, (97750) physical performance tests 03/26/04 to 05/11/04.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Medical necessity for above-mentioned testing, work hardening, and clinical evaluations **do not appear reasonably supported** by available documentation. Without the benefit of additional medical/surgical reports and recommendations (Dr. Liebman, Dr. Whittenburg, Dr. Castillo & Designated Doctor), these services would not appear reasonable and customary or objectively verified by imaging or other consulting physician's findings.

1. Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Physical Therapy, Volume 81, Number 10, October 2001.
2. Schonstein E, Kenny DT, Keating J, Koes BW. Work conditioning, work hardening and functional restoration (Cochrane Review). In: *The Cochrane Library*, Issue 2, 2004. Chichester, UK: John Wiley & Sons, Ltd.
3. Harris GR, Susman JL: "Managing musculoskeletal complaints with rehabilitation therapy" [Journal of Family Practice](#), Dec, 2002.
4. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Mercy Center Consensus Conference, Aspen Publishers, 1993.
5. Lechner DE. Work hardening and work conditioning interventions: Do they affect disability? *Phys Ther.* 1994;74(5):471-493.
6. Mooney V, Hughson WG. Resurgence of work-hardening programs. *West J Med.* 1992;156(4):410.
7. American Occupational Therapy Association. Work hardening guidelines. *Am J Occup Ther.* 1986;40(12):841-843.
8. Matheson LN, Ogden LD, Violette K, Schultz K. Work hardening: Occupational therapy in industrial rehabilitation. *Am J Occup Ther.* 1985;39(5):314-321

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided.

It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned individual. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.