

MDR Tracking M5-05-1958-01

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. The dispute was received on 3-14-05.

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 EMG, nerve conduction sensory, nerve conduction-no F wave and H Reflux study on 3-31-04 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 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 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Finding and Decision is hereby issued this 17th day of May, 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-05-1958-01
Name of Patient:	_____
Name of URA/Payer:	Texas Imaging & Diagnostic Center
Name of Provider: (ER, Hospital, or Other Facility)	Texas Imaging & Diagnostic Center
Name of Physician: (Treating or Requesting)	John Bennett, MD

May 11, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in neurology. 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

Records reviewed included the following:

- Medical dispute requests and response paperwork;
- Report of the electromyographic report from Texas Imaging and Diagnostic Center of 3/31/04 by Dr. Walia;
- Report of peer review of pain management from The Hartford Insurance Company 5/25/04;
- Report of medical management from The Hartford Insurance Company 5/25/04;
- Report of medical review by Neal Blauzvern, DO dated 5/3/04;

- Comprehensive medical analysis from Julie Carreon, RN, Austin & Associates dated 5/5/04;
- Initial examination by John R. Bennett, MD dated 2/27/04;
- Neurological examination by Michael R. Seals, MD dated 6/3/04;
- Orthopedic evaluation for independent medical evaluation dated 8/25/04 by Michael Ciepiela, MD
- TWCC Impairment Rating evaluation by Charles Cavaretta, MD dated 12/9/04;
- Psychological evaluation by Larissa Morris, MA, LPC, intern dated 8/17/04;
- Initial medical examination by Mahan Chiamanji, MD at West East Medical and Rehabilitation TA, dated 7/21/04; and
- Neuropsychological evaluation by William J. Hester, Jr., Ph.D. dated 3/12/04.

A 44-year-old female who struck her forehead on a glass door causing her to be somewhat disoriented but not unconscious on ___ according to initial examination by John R. Bennett, MD. In a few of the above mentioned reports it is mentioned that Ms. ___ bumped her left forearm or wrist during the initial injury. This was not mentioned on her initial report. On one report weakness of her right hand was noted rather than weakness in her left hand. She had complained of weakness in the left upper extremity. Otherwise there have been no findings on examination in her left upper extremity except for some nonspecific tenderness in the left forearm muscles.

REQUESTED SERVICE(S)

95860 EMG one extremity, 95904 nerve conduction sensory, 95900 nerve conduction without F-wave, 95934 H-reflex study for date of service 3/31/04.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

From the extremely variable history from the patient, from the very minor apparent degree of injury from the few times the injury to the left forearm or wrist is even mentioned, from the lack of findings on examination, and from the lack of significant injury to the cervical spine, it is felt that the EMG/NCV of 3/31/04 has no valid medical indication.