

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (X) HCP () IE () IC		Response Timely Filed? (X) Yes () No	
Requestor=s Name and Address Trace Alexander DC PO Box 1731 Addison TX 75001		MDR Tracking No.: M5-05-2207-01	
		TWCC No.:	
		Injured Employee's Name:	
Respondent's Name and Address Box # 19 American Home Assurance c/oFOL		Date of Injury:	
		Employer's Name:	
		Insurance Carrier's No.:	

PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Did Requestor Prevail?
From	To		
5-7-04	9-13-04	97112, 97112-59, 97110, 97140, 97140-59	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

PART III: 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 Commission Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), the Medical Review Division 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.

PART IV: COMMISSION DECISION

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is not entitled to reimbursement for the services involved in this dispute and is not entitled to a refund of the paid IRO fee.

Findings and Decision by:

Authorized Signature

7/18/05

Date

PART V: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____

PART VI: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and the TWCC Chief Clerk of Proceedings/Appeals Clerk must receive it within 20 days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representative's box on _____. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

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

IRO Medical Dispute Resolution M5 Retrospective Medical Necessity IRO Decision Notification Letter

Date:	07/14/2005
Injured Employee:	
MDR #:	M5-05-2207-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES:

Neuromuscular re-education 97112 and 97112-59;
Therapeutic exercises 97110; and Manual therapy 97140 and 97140-59. Review for medical necessity. DOS: 05/07/2004 to 09/13/2004.

DECISION: Upheld

MCMC Ilc (MCMC) is an Independent Review Organization (IRO) that has been selected by The Texas Workers' Compensation Commission (TWCC) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M5 Retrospective Medical Dispute Resolution on 07/14/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The denial of services from 05/07/2004 through 09/13/2004 is upheld.

CLINICAL HISTORY:

Records indicate that the above captioned injured individual, a 25-year old male, was allegedly involved in an occupational incident on _____. The history reveals that the above captioned individual was struck on the wrist from a falling box during the course of his normal employment. The injured individual has attended a litany of consultative referrals, diagnostic tests and treatments to include chiropractic care, allopathic care, injections and a left wrist surgery on 08/02/2004.

An MRI dated 12/16/2003, revealed joint fluid and local inflammation of the left wrist. Chiropractic care to date has included neuromuscular re-education, therapeutic exercises and manual therapy. Following the 08/02/2004 surgery, a course of post-surgery rehab was initiated beginning 08/31/2004. A designated doctor was performed which opined that the injured individual was at MMI as of 03/07/2005.

RATIONALE:

There is no clear and compelling information within the documentation to suggest that this injured individual was achieving significant therapeutic gain as a result of the course of care initiated under the administration of the attending provider on or before 03/10/2004.

On 3/10/2004, a cursory examination is reflected in the documentation to include a musculoskeletal exam, reflexes, neurologic testing, ranges of motion, and orthopedic testing. The documentation does not reflect a follow-up exam beyond the 03/10/2004 exam. Furthermore, daily notes do not indicate that the injured individual was achieving significant objective relief in response to the course of care provided. There are some anecdotal references in regards to decreased swelling, however there is no comparative objective data or other exam findings to clearly demonstrate therapeutic gain from 03/10/2004 to 05/07/2004. This course of care is a more than adequate period of time to determine if therapeutic gain was being achieved and if additional care would be warranted. It should be noted that this injured individual underwent a surgery to the left wrist on 08/02/2004 and was referred back to the attending for post-surgical rehab.

This injured individual would likely be a candidate for the application of this post-surgical care however, there is no significant initial exam after the surgery to reflect typical components of chiropractic record keeping including orthopedic testing, functional testing, and/or neurologic testing. There is a brief entry dated 08/31/2004, which lists ranges of motion of the left wrist, however this would not be considered a significant exam to precede the initiation of a post-surgical rehabilitation program. In the absence of a significant exam prior to post-surgical rehab, the care represented in the documentation would not be considered goal oriented care. Given the fact that a pre-surgical course of care to include the entities listed above did not provide therapeutic relief, it could not be reasonably expected that an additional course of similar care would provide therapeutic relief as well.

RECORDS REVIEWED:

- TWCC IRO Assignment 5/13/05

- TWCC- 117 4/11/05
- TWCC- 60 4/11/05
- TWCC- 62 Explanation of benefits 5/7/04
- TWCC- 62 Explanation of benefits 5/10/04
- TWCC- 62 Explanation of benefits 5/17/04
- TWCC- 62 Explanation of benefits 5/19/04
- TWCC- 62 Explanation of benefits 5/24/04
- TWCC- 62 Explanation of benefits 6/12/04
- Reevaluation 6/30/04
- TWCC- 62 Explanation of benefits 7/8/04
- TWCC- 62 Explanation of benefits 9/13/04
- Independent review Organization Summary 5/17/05 date reported 10/23/03
- Consilium MD 6/15/04
- Consilium MD 6/17/04
- Consilium MD 12/16/04
- Consilium MD 10/10/04
- Consilium MD 7/26/04
- Consilium MD 7/29/04
- Consilium MD 8/18/04
- Consilium MD 7/7/04
- Consilium MD 10/10/04
- TWCC- 1
- Concentra Medical Centers 11/3/03
- TWCC-73
- Concentra Medical Centers 11/11/03
- Concentra Medical Centers 11/11/03
- TWCC- 73
- Injury to hand Initial Evaluation– 11/19/03
- TWCC- 73
- Follow up to Injury to hand- 12/10/03
- TWCC- 73
- Report and findings 12/16/03
- Follow up 1/14/04
- TWCC- 73
- Follow up 3/1/04
- TWCC- 73
- Thomas C. DiLiberti MD Texas Hand Center 7/8/04
- TWCC- 73
- Hospital Specimen taken and diagnosis 8/2/04
- Hospital Operative Report 8/2/04
- Hospital Note 8/2/04
- Thomas C. DiLiberti MD Texas Hand Center 8/16/04 Initial Eval
- TWCC- 73
- Letter of Medical Necessity Larry North Sports Medicine 12/6/04
- TWCC- 69
- Trace Alexander 3/7/05
- HealthSouth 1/21/04
- HealthSouth 1/27/04
- HealthSouth 3/10/04 Office visit
- HealthSouth 3/15/04 Office visit
- HealthSouth 3/16/04 Office visit
- HealthSouth 3/19/04 Office visit
- HealthSouth 3/22/04 Office visit
- HealthSouth 3/24/04 Office visit
- HealthSouth 3/29/04 Office visit
- HealthSouth 4/3/04 Office visit

- HealthSouth 4/9/04 Office visit
- HealthSouth 4/12/04 Office visit
- HealthSouth 4/14/04 Office visit
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- HealthSouth 5/3/04 Office visit
- HealthSouth 5/5/04 Office visit
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- HealthSouth 5/22/04 Office visit
- HealthSouth 5/24/04 Office visit
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- HealthSouth 6/19/04 Office visit
- HealthSouth 6/23/04 Office visit
- HealthSouth 6/28/04 Office visit
- HealthSouth 6/30/04 Office visit
- HealthSouth 7/8/04 Office visit
- HealthSouth 7/16/04 Office visit
- HealthSouth 7/19/04 Office visit
- HealthSouth 7/30/04 Office visit
- HealthSouth 8/23/04 Office visit
- HealthSouth 8/31/04 Office visit
- HealthSouth 9/1/04 Office visit
- HealthSouth 9/3/04 Office visit
- HealthSouth 9/8/04 Office visit
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- HealthSouth 10/8/04 Office visit
- HealthSouth 10/13/04 Office visit
- HealthSouth 10/20/04 Office visit
- HealthSouth 11/10/04 Office visit
- TWCC 5/13/05

The reviewing provider is a Allied Health/Chiropractor and certifies that no known conflict of interest exists between the reviewing Chiropractor and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5).

In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent via facsimile to the office of TWCC on this

14th day of July 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____