MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity Dispute

PART I: GENERAL INFORMATION

Type of Requestor: (X) HCP ( ) IE ( ) IC	**Response Timely Filed?** ( ) Yes (X) No
Requestor's Name and Address Joe E. Clinton, D.C. 4654 Highway 6 North Suite 305 Houston, Texas 77084	MDR Tracking No.: M5-05-2369-01 TWCC No.: Injured Employee's Name:
Respondent's Name and Address St Paul Fire & Marine Insurance Box 05	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		
06-08-04	09-08-04	98942	☐ Yes ☒ 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:

		07-11-05
Authorized Signature		Date of Decision

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 it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) 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 Representatives 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.

7600 Chevy Chase, Suite 400
Austin, Texas 78752
Phone: (512) 371-8100
Fax: (800) 580-3123

NOTICE OF INDEPENDENT REVIEW DECISION

Date: July 8, 2005

To The Attention Of: TWCC
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-16091

RE: Injured Worker: ___
MDR Tracking #: M5-05-2369-01
IRO Certificate #: 5242

Forté has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

- Physician examination reports
- Daily SOAP notes
- Referral doctor examination reports
- EMG reports
- MRI reports

Submitted by Respondent:

- EOBs
- HCFA 1500
- Doctor's examination reports
- Daily SOAP notes
- Diagnostic reports

Clinical History

According to the supplied documentation, the claimant sustained injuries to his left shoulder and low back on ___ when he was involved in a motor vehicle accident while performing the normal duties of his job. The claimant was driving a truck that was struck by an 18-wheeler. The claimant was initially seen at Memorial Northwest Hospital where x-rays were performed, medications were prescribed and he was released. The claimant then went to his family medical doctor and began therapy which consisted of medications for a few weeks. The claimant reported that he was unhappy with his treatment and changed treating doctors to Joe Clinton, D.C. at the beginning of June 2004. The claimant began active and passive chiropractic therapies. On 6/18/04 the claimant underwent a lumbar spine MRI which revealed flattening of the lumbar lordosis, disc desiccation at L4 and L5, posterior bulging at L4 approximately 2-3mm, and a broad based protrusion at L5 approximately 3mm. On 6/25/04 the claimant underwent a left shoulder MRI which revealed an intrasubstance tear of the supraspinatus tendon with mild elevation of the humeral head as well as mild collection of fluid in the subdeltoid and subacromial bursa. On 7/23/04 the claimant underwent upper and lower extremity needle EMGs that revealed strong evidence of a left L5 radiculopathy, mild bilateral L1 radiculitis, strong evidence of left C5 radiculopathy and mild left C6 nerve root irritation. The claimant was referred to Jeffery D. Rueben, M.D., Ph.D. for evaluation and treatment. Dr. Rueben recommended lumbar epidural steroid injections and left shoulder arthroscopy. The lumbar epidural steroid injections were approved and performed. On 9/1/04 the claimant underwent left shoulder arthroscopy, anterior labral debridement, subacromial decompression, distal clavicle excision and left shoulder subacromial Cortisone injection. The claimant was under constant chiropractic therapies during this entire time period. The documentation ends here.

Requested Service(s)

98942 chiropractic manipulative treatment (CMT); spinal, five regions for dates of service 6/8/04 through 9/8/04

Decision

I agree with the insurance carrier that the services in dispute were not medically necessary.

Rationale/Basis for Decision

After careful review of the documentation supplied, it appears the claimant sustained an injury to his lumbar spine as well as his left shoulder. The daily notes supplied by the treating doctor reveal that the claimant was undergoing ice, myofascial release, low volt galvanic stimulation, ultrasound, and ischemic compression. The CPT code in question is 98942 which is a chiropractic adjustment code billed for 5 spinal regions. The documentation supplied does not support 5 separate regions of treatment on the claimant. The compensable injury to be treated by the treating doctor and the referral doctors are limited to the lumbar spine and the left shoulder. The use of a full spine CPT code for adjustments is not medically supported nor is it documented in the supplied notes. None of the daily notes supplied for review support the use of the CPT code 98942.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 8th day of July 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder