

# MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

## Retrospective Medical Necessity Dispute

### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (X) HCP ( ) IE ( ) IC	<b>Response Timely Filed?</b> (X) Yes ( ) No
Requestor's Name and Address Injury One Treatment Center 5445 La Sierra Drive, Suite 204 Dallas, Texas 75231	MDR Tracking No.: M5-05-2472-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address Indemnity Insurance Company Box 15	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		
08-13-04	09-28-04	97545-WH-CA, 97546-WH-CA and 97750	<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

08-31-05

\_\_\_\_\_  
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

If you are unhappy with all or part of this decision, you have the right to appeal the decision. Those who wish to appeal decisions that were issued during the month of August 2005, should be aware of changes to the appeals process which take effect September 1, 2005.

House Bill 7, recently enacted by the 79th Texas Legislature, provides that an appeal of a medical dispute resolution order that is not pending for a hearing at the State Office of Administrative Hearings (SOAH) on or before August 31, 2005 is not entitled to a SOAH hearing. This means that the usual 20-day window to appeal to SOAH, found in Commission Rule 148.3, will be shortened for some parties during this transition phase. If you wish to seek an appeal of this medical dispute resolution order to SOAH, you are encouraged to have your request for a hearing to the Commission as early as possible to allow sufficient time for the Commission to submit your request to SOAH for docketing. A request for a SOAH 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.

Beginning September 1, 2005, appeals of medical dispute resolution 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.

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

# Envoy Medical Systems, LP

1726 Cricket Hollow  
Austin, Texas 78758  
Fax 512/491-5145

Phone 512/248-9020  
IRO Certificate #4599

## NOTICE OF INDEPENDENT REVIEW DECISION

August 30, 2005

Re: IRO Case # M5-05-2472 -01 \_\_\_\_

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) by the Texas Department of Insurance and has been authorized to perform independent reviews of medical necessity for Texas Worker's Compensation cases). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed in Texas, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting 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 referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

### Medical Information Reviewed

1. Table of disputed services
2. Explanation of benefits
3. Review 1/28/05, Dr. Wilk
4. Review 8/3/04, Dr. Giorgi
5. Examination report 9/28/04, Dr. Blair
6. TWCC 69 reports
7. Report, Dr. Perkins
8. MMI report 3/29/04, Dr. Blair
9. Report 2/10/04, Dr. Blair
10. FCE reports, Injury One
11. WH/WC reports, Injury One
12. Report 12/1/04, Dr. Bolte
13. Initial report 5/11/04, Dr. Mordicai
14. Daily notes, Allied Multicare Center
15. Report 7/20/04, Dr. Mordicai
16. Daily rehab notes, Injury One
17. ER treatment notes 6/28/04
18. Employer's first report of injury
19. PT notes, Bosque River Rehabilitation
20. Electrodiagnostic report 2/3/04
21. MRI report left wrist 1/19/04

### History

The patient injured his left wrist and shoulder in \_\_\_ when he slipped on a wet floor and fell. He has been treated with physical and occupational therapy, medication, chiropractic care, and a WH/WC program. Evaluation included EMG and MRI.

### Requested Service(s)

Work hardening, and work hardening each additional hour, physical performance testing  
8/13/04 – 9/28/04

### Decision

I agree with the carrier's decision to deny the requested services.

### Rationale

The patient received extensive conservative treatment prior to the dates in this dispute and was found to be at MMI on 3/29/04. The patient was released to return to work without restriction on 2/10/04.

The notes from the requestor fail to support the necessity for a WH / WC program. There was no indication in the notes that the patient received any significant benefit from the program. There was no documentation of continuing objective measures for range of motion, strength or function that would justify therapy. Even subjective pain complaints did not appear to be appreciably affected, despite the continuing therapy.

The patient had a diagnosed sprain/strain injury to the wrist and cervical spine, which should have responded well to treatment prior to the dates in this dispute. A return to work release from two medical doctors on \_\_\_\_\_, two months post injury, shows that the patient had improved from his injuries. An 8/3/04 report indicated that in the absence of physical impairment, continuation of care to the left upper extremity was not supported by the documentation. The documentation reviewed provides insufficient historical qualification or objectification for a highly structured WH / WC program some 16 weeks post MMI, and nine months post injury. Based on the records provided, the patient should have been released to a home-based exercise program and OTC medication weeks prior to the start of the WH / WC program. The necessity of the program was never established or supported by the documentation provided.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,

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Daniel Y. Chin, for GP