

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity Dispute

PART I: GENERAL INFORMATION

Type of Requestor: (X) HCP () IE () IC	Response Timely Filed? (X) Yes () No
Requestor's Name and Address Injury One Treatment Center 5445 La Sierra Dr., Suite 204 Dallas, Texas 75231	MDR Tracking No.: M5-05-2514-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address American Home Assurance Company, Box 19	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		
7-2-04	7-16-04	CPT codes 97545 WH CA, 97546 WH CA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7-19-04	8-13-04	CPT codes 97545 WH CA, 97546 WH CA	<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 **prevailed** on the majority of the disputed medical necessity issues. The amount owed the requestor for medical necessity services is \$4,736.00.

PART IV: COMMISSION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to a refund of the paid IRO fee in the amount of \$460.00. The Division hereby **ORDERS** the insurance carrier to remit the amount of \$4,736.00, plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order.

Finding and Decision by:

		7-26-05
Ordered by:		
		7-26-05
Authorized Signature	Typed Name	Date of Order

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.



Specialty Independent Review Organization, Inc.

July 25, 2005

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ____
TWCC #: ____
MDR Tracking #: M5-05-2514-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Chiropractor. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

Ms. ____ was injured on ____ while working for ____ . The first report that is available is from a Don Mackey MD. He is apparently the company doctor. Upon this examination she measured 5'5" and weighed 140 lbs. She is placed on light duty. The accepted injury is apparently a sacroiliac sprain/strain as per the TWCC 21's provided. On 1/16/04, a PPE was performed. After the NIOSH lift tests the patient's blood pressure and pulse decreased. This is either evidence of a patient giving less than optimal effort or a SA node condition. A lumbar MRI was performed on 1/28/04 revealing no significant abnormality. The 2/11/04 PPE reveals Oswestry testing which is decreased by 20%. From the 1/16/04 PPE to the 2/11/04 PPE the MMT reduced by approximately 50% over this four week period. On 4/6/04 and 5/11/04, the MMT and the ROM was basically the same as the 2/11/04 test. (no test was noted in March in the records). An initial FCE was performed on 6/3/04 it indicates a heavy PDL is required for this employer. The original WH note was on 6/7/04. Surveillance was performed from 07/01/04 through 7/4/04. Nothing significant was noted during the surveillance. Left SI injections were performed on 7/26/04. Dr. Haro indicated WH should discontinue until further notice on 7/29/04. He indicated WH could continue on 8/3/04. He underwent a Behavioral health evaluation on 8/13/04. Shawn Fyke, DC recommended CPM on 8/13/04. He began a CPM program on 9/30/04. He was assigned a 5% IR with MMI on 12/2/04. He saw David Schickner, MD from 12/8/04 through 5/3/05. Dr. Schickner performed an FCE on 2/15/05; however, her pulse did not increase during effort.

RECORDS REVIEWED

Records were received from the requestor and respondent/treating doctor. Records from the respondent include the following: 7/6/05 IRO summary letter, 8/2/04 report by Michael Hamby, DC, 2/25/05 report by Melissa Tonn, MD, 8/16/04, 8/19/04 and 8/30/04 reports by Phillip Osborne, MD, 8/17/04 report by Bobby Enkvetch, MD, 9/2/04 report by Brad Hayes, DC, 12/9/03 initial report by Don Mackey, MD, various TWCC 73's, E1, TWCC 21's of various dates, 12/18/03 report by Dr. Mackey, 1/16/04 PPE by Allied Multicare Centers (AMC), 1/28/04 MRI of lumbar spine, 2/11/04 follow up FCE/PPE/Re-evaluation form, 2/11/04 PPE by AMC with progress questionnaires (Oswestry, ADL's, etc), 4/6/04 PPE by AMC, 4/22/04, 5/13/04, 6/10/04, 8/5/04 and 1/6/05 reports by Gordon Marshall, MD, 5/11/04 PPE by AMC, 6/3/04 initial FCE, treatment plan/goals and musculoskeletal exam by Injury 1 Treatment Center, referral to Dr. Haro from Dr. Blair of 6/22/04, 6/24/04 report by J. Lowell Haro, MD, 7/9/04 digital x-ray report by K. Hansen, DC, PI solutions surveillance report of 7/15/04, 7/26/04 SI injection report, 7/29/04 report by Donna Teague, PA-C, 8/3/04 report by Ms. Teague, 8/13/04 behavioral report by Phil Bohart, LPC, addendum to 8/13/04 report, 8/17/04 report by Dr. Haro, 8/18/04 report by Texas Institute of Health (TIH), 9/20/04 letter by Diran Lancaster, DC, 11/9/04 PPE by Injury 1, 12/2/04 report by Dr. Blair, IR report of 12/2/04, 12/8/04 report by Dr. Schickner, 1/18/05 report by Dr. Schickner, FCE by Dr. Schickner of 2/15/05, 3/15/05 through 5/3/05 notes by Dr. Schickner, 12/29/03 through 06/04/04 daily notes by AMC, WH group notes from 6/7/04 through 08/13/04, WH Daily notes from 6/7/04 through 8/13/04, biofeedback notes from 9/30/04 through 12/10/04 and CPM group notes from 9/30/04 through 12/10/04.

Records from the requestor/treating doctor include some of the above in addition to the following: 5/16/05 letter by Trisha Noorani, various EOB's, various HICFA 1500's, 2/8/05 letter by Ms. Noorani, 5/9/05 letter by Ms. Noorani, pages 949 through 950 of job descriptions, job description from _____, work hardening daily flow sheets from 6/29/04 through 8/13/04, 8/11/04 eval referral for CPM, 11/24/04 denial of additional CPM program by unidentified reviewer, 9/7/04 denial of biofeedback/individual sessions, interdisciplinary CPM recon letter of 11/30/04, 11/19/04 letter by Erica Penick, MA, LPC and 10/18/04 letter by Erica Penick, LPC.

DISPUTED SERVICES

The disputed services include a work hardening program from 7/2/04 through 8/13/04.

DECISION

The reviewer disagrees with the previous adverse determination regarding all dates of service from 7/2/04 through 7/16/04. The reviewer agrees with the previous adverse determination regarding all remaining services under consideration.

BASIS FOR THE DECISION

The reviewer indicates that the patient was failing to respond to the work hardening program from 7/12/04 through 7/16/04. Her pain scales were not reducing and her functionality was not appreciably improving. She was not prepared to return to work. The program did not allow her to return to work and she was required to attend a CPM program following this program. The generally accepted length of a WH program is up to six weeks according to accepted protocols. No deviations from this norm were established by the medical records. The entrance criteria for a WH program is as follows: 1) pt is unable to work secondary to pain/dysfunction 2) reasonably good prognosis for improved employment capability as a result of this program 3) clear job oriented goal to RTW 4) patient's goal is attainable in 6-8 weeks 5) no psychological barrier to improvement 6) WH is not contraindicated. WH exit/discharge criteria are as follows: 1) goals met 2) pt stops progressing 3) contraindication 4) pt wishes to discontinue 5) pt is noncompliant.

Ms. Brookes meets number 2 of the discharge criteria and does not meet numbers 2 and 4 of the entrance criteria after the approved treatment as per Saunders Industrial Rehabilitation, 1995. There also was no interim FCE that was provided to indicate evidence of functional improvement for this patient.

According to Guzman et al. Multidisciplinary bio-psycho-social rehabilitation for chronic low back pain, Evid Based Nurs. 2002 Oct;5(4):116, the reviewed trials provide evidence that intensive multidisciplinary bio-psycho-social rehabilitation with a functional restoration approach improves pain and function. Therefore, this program was appropriately attempted to relieve the chronic pain as it was approved up through 6 weeks.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the

subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director