

## 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 Rio Grande Health Center of El Paso, Inc. 7230 Gateway E, Suite E El Paso, Texas 79915	MDR Tracking No.: M5-05-2576-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address Ace American 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		
08-04-04	09-24-04	97750-FC, 99205, 99358 , 97545-WH-CA and 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 **did not** prevail on the disputed medical necessity issues.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 07-01-05, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

Review of CPT codes 96100 and 90801 on date of service 08-06-04 and codes 97545-WH-CA and 97546-WH-CA on dates of service 08-09-04, 08-10-04, 08-11-04, 08-12-04, 08-13-04, 08-23-04, 08-24-04 and code 99070 date of service 08-23-04 revealed that neither party submitted copies of EOBs. Per Rule 133.307(e)(2)(B) the requestor did not submit convincing evidence of carrier receipt of the providers request for EOBs. No reimbursement is recommended.

**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:

08-11-05

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**

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 en español acerca de esta correspondencia, favor de llamar a 512-804-4812.**

# **Envoy Medical Systems, LP**

**1726 Cricket Hollow**

**Austin, Texas 78758**

Phone 512/248-9020

Fax 512/491-5145

IRO Certificate #4599

## **NOTICE OF INDEPENDENT REVIEW DECISION**

August 1, 2005

**Re: IRO Case # M5-05-2576 -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. DD report and TWCC 69 report 8/18/04, Dr. Buck
4. Report, 1/10/05, Dr. Mauldin
5. Letter 2/13/04, Dr. Spier
6. Report 5/12/04, Dr. Kern

7. Report 8/2/04, Dr. Glidewell
8. Occupational therapy discharge summary
9. WH / WC notes, Rio Grande Rehab
10. FCE 8/4/04, Rio Grande Rehab

History

The patient injured her neck, low back and left knee in \_\_\_ when she slipped and fell. X-rays and an MRI were obtained. The patient has been treated with medication, physical therapy, injection to the left knee, numerous medical evaluations and a WH / WC program.

Requested Service(s)

FCE, Office visit, prolonged evaluation, work hardening program 8/4/04 – 9/24/04

Decision

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

Rationale

The patient received an intensive and adequate trial of conservative care prior to the dates in this dispute. Her neck and left knee responded very well to treatment, but she still had some residual lower back pain.

Based on the records provided for this review, I agree with other reviewers that the patient responded to prior treatment and could have been returned to work without restrictions, and without further treatment such as a WH / WC program. The patient was placed at MMI on 8/18/04, and after MMI is reached all further treatment must be reasonable and effective in relieving symptoms or improving function, as well as cost effective, appropriate and provided in the least intensive setting.

The records provided for this review do support the inability of the patient to perform her job prior to the dates in this dispute. The patient's subjective complaints and objective findings were minimal in relation to the treatment in this dispute. There was functional improvement during the WH / WC program, but, based on the records, it appears that this could have been achieved by instruction on a home-based exercise program of walking, stretching, strength exercises and OTC medication. The records reviewed do not support the need for the disputed treatment. Based on the records, it appears that the patient's condition plateaued prior to the period in this dispute, and further supervised therapy and ad a WH/ WC program were not reasonable and necessary to return the patient to work.

Dr. Hernandez's report on 9/8/04 states that he patient should be taken off work so that she could complete the WH program. WH / WC programs are necessary to return patients to work, so it is confusing that she was taken off work to participate in the program. The records do not support this type of reasoning.

After months of treatment, an aggressive home exercise program and OTC medication would be medically appropriate.

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