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 Rehab 900 Wayside Houston, Texas 77011	MDR Tracking No.: M5-05-2720-01 TWCC No.: Injured Employee's Name:
Respondent's Name and Address Security Insurance Co of Hartford Box 11	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**		
01-18-05	**02-24-05**	**97001, 97002, 97032, 97140, 97112, 97116, 97530, 97113 and 97124**	☐ **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:

		08-24-05
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 in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive Austin, Texas 78738
Phone: 512-402-1400 FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	___
MDR Tracking Number:	M5-05-2720-01
Name of Patient:	___
Name of URA/Payer:	Rehab Med
Name of Provider: (ER, Hospital, or Other Facility)	Rehab Med
Name of Physician: (Treating or Requesting)	Thomas Cartwright, MD

August 17, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Texas Workers Compensation Commission

CLINICAL HISTORY

Records reviewed included:

- Medical records submitted by Howard Stringer, DC including therapy progress notes;
- Peer Review (Stan Seymour, DC)
- Impairment Rating Evaluation dated 12/20/04;

- Records from carrier (Royal Sun Alliance) including medical reports (K S F Orthopaedic Center); medical evaluation by Robert L. Brownhill, MD; mental status update by Dan Hamill, Ph.D.; medical records from Houston ChiroCare & Rehab, H. Tran, DC; Genex correspondence; medical records from Diagnostic Testing Services; Operative Report (Thomas Cartwright, MD); Concentra records; Pain & Spinal Rehabilitation Institute records

The date of injury is noted as ___. An initial visit by Howard Stringer, D.C. was recorded on April 15, 2005. At that point the claimant reported that the injury was a loud pop. This later evolved into a cervical spine complaint. In April 2004 a Designated Doctor evaluation noted maximum medical improvement with a 5% whole person impairment rating. This led to a lumbar surgery in July 2004. A diagnosis of post laminectomy syndrome was made. Sometime after the procedure post-laminectomy ESI were completed. The efficacy was not reported. In April 2005, Kirtland Spears, D.C. determined the claimant not to be at maximum medical improvement. Post-operatively E-stim and massage was provided by Hai Tran, D.C. A peer review was completed by Stan Seymour, D.C. who summarized the treatment prior to the evaluation by Howard Stringer, D.C. this included a normal NCV and EMG assessment. Multiple chiropractic treatments were completed.

The surgeon's post-operative notes were reviewed. The hardware was in good position and the wound was healing quite well. In June 2005 Dr. Brownhill completed an RME evaluation. Noting all the treatment and completing a physical examination. Additionally a psych eval was completed.

REQUESTED SERVICE(S)
PT Evaluation (97001); PT Re-Evaluation (97002); Electrical Stimulation (97032); Manual Therapy Technique (97140); Neuromuscular Re-education (97112); Gait Training (97116); Therapeutic Activities (97530); Aquatic Training (97113); Massage Therapy (97124) for dates of service 1/18/05 through 2/24/05.

DECISION
Denied.

RATIONALE/BASIS FOR DECISION

These are wholly redundant treatments of failed past initiatives. This is a gentleman who sustained a simple myofascial strain. There was excessive chiropractic intervention and the identification of a spondylolithesis. The data presented does not age that finding, and a disc lesion was surgically addressed. Post-operatively a protocol of passive modalities was completed with no real change in the overall condition. The requestor alleges an insufficient post-surgical rehabilitation protocol. However, a review of all the therapy notes, both pre and post-operative note no real improvement. Add to that the multiple positive Waddell's signs and there is a real indication that nothing will aid this individual.

Therefore:

A. Initial evaluation Denied. This individual has been through a number of initial evaluations by surgeons, rehabilitation physicians, chiropractors and others. There is nothing to be gain by obtaining an additional H&P.

B. PT Evaluation (97001) If the initial evaluation was not needed a re-evaluation is certainly not needed. This is redundant and excessive in the least.

C. Electrical Stimulation (97032). This modality had been employed by Hai Tran only four months prior with no success. Further as noted in the Philadelphia Panel Study, the efficacy of such a modality is only in the initial phase and that has long since past. This is excessive and clinically unwarranted.

D. Manual Therapy Technique (97140) – This gentleman has a fusion and hardware. Moreover, he has been through a number of pre- and post-operative protocols so the techniques employed have been (or should have been) taught.

E. Neuromuscular Re-education (97112). This was a lumbar spine procedure. There is no clinical indication of anything other than a laminectomy and those muscles do not require "re-education" this is a code for those who have legitimate spinal issues and requires assistance with ambulation. That is not the case here as demonstrated by the primary treating physician, the prior treating chiropractor and the RME evaluation completed. There is no discussion of a compromised gait pattern other then voluntary changes. There is no objectification of any motor or other neurological changes hat would require such a protocol.

F. Gait Training (97116) – there was no reported gait abnormality and no competent, objective and independently confirmable medical evidence of such a loss. A review of the initial

evaluation by Howard Stringer, D.C. does not identify any such gait abnormality. While noting straight leg raising and pain complaints, the reflexes are "bilaterally symmetric and normal". This is not indicative of someone with a gait abnormality after a lumbar spine injury.

G. Therapeutic Activities (97530) No. All that was indicated is a home program as reported by several physicians in the submitted medical records.

H. Aquatic Training (97113). In that no therapy was warranted, an aquatic protocol has not efficacy. Further noting the March 17, FCE, the claimant was able to complete a number of activities without the need for aquatic environment. This is superfluous at best.

I. Massage Therapy (97124) Please see above.