

# 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  Galaxy Health Care Centers 17333 Spring Cypress, Suite C Cypress, Texas 77429	MDR Tracking No.: M5-05-2767-01
	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		
6-29-04	8-17-04	CPT codes 97035, 97032, 97140, 97150, 98940	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6-29-04	6-30-04	CPT code 97110	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7-15-04 and 8-11-04		CPT code 99213	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7-6-04	8-17-04	CPT code 97110	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6-29-04 through 8-17-04 except 7-15-04 and 8-11-04		CPT code 99213	<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 majority of the disputed medical necessity issues. The total amount due the requestor for the medical necessity services is \$1,589.10.

### 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 a refund of the paid IRO fee. The Division hereby **ORDERS** the insurance carrier to remit the appropriate amount for the services in dispute consistent with the applicable fee guidelines, totaling \$1,589.10, plus all accrued interest due at the time of payment, to the Requestor within 20-days of receipt of this Order.

Findings and Decision by:

Donna Auby

8-26-05

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**

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.

August 22, 2005

Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

Re: Medical Dispute Resolution  
MDR #: M5-05-2767-01  
TWCC#: \_\_\_\_\_  
Injured Employee: \_\_\_\_\_  
DOI: \_\_\_\_\_  
SS#: \_\_\_\_\_  
IRO Certificate No.: IRO 5055

Dear \_\_\_\_:

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is licensed in chiropractic, and is currently on the TWCC Approved Doctor List.

Sincerely,

Gilbert Prud'homme  
General Counsel

GP:thh

**REVIEWER'S REPORT**  
**M5-05-2767-01**

---

**Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

- Correspondence
- Office notes 06/04/04 – 08/11/04
- Physical therapy notes 05/19/04 – 08/17/04
- FCE 07/29/04
- Radiology reports 05/19/04 – 07/29/04

Information provided by Respondent:

- Correspondence
- Designated doctor review

Information provided by Pain Management Specialist:

- Office notes 05/24/04 – 08/30/04
- Procedure reports 07/20/04 – 08/26/04

Information provided by Internist:

- Office notes 07/29/04 – 09/30/04

**Clinical History:**

Patient is a 32-year-old male who, while working on \_\_\_\_, felt a pop in his lower back followed by onset of lower back pain. He reported the incident and was seen by the "company doctor" who treated him with over-the-counter medications and released him back to work with restrictions. The patient then changed treating doctors to a doctor of chiropractic who began chiropractic care that included physical therapy and rehabilitation. An MRI revealed a disk protrusion at L4-5 with thecal sac compression and mild canal stenosis, and later an EMG/NCV revealed bilateral L5 and left-sided S1 nerve root irritations. The patient also received 2 ESIs, one on 6/20/04 and the second one on 8/5/04, followed by post-injection therapy protocols.

**Disputed Services:**

Office visits, ultrasound, manual therapy technique, therapeutic exercises, electrical stimulation-manual, group therapeutic procedures and chiropractic manipulative treatment during the period of 06/29/04 through 08/17/04.

**Decision:**

The reviewer partially disagrees with the determination of the insurance carrier as follows:

Medically Necessary:

From 06/29/04 – 08/17/04:

- Ultrasound therapies (97035)
- Electrical stimulation (97032)
- Manual therapy techniques (97140)
- Group therapeutic exercises (97150)
- Chiropractic manipulative therapies-spinal 102 areas (98940)

On 06/29/04 and 06/30/04 only:

- Therapeutic exercises (97110)

On 07/15/04 and 08/11/04 only:

- Level III established patient office visits (99213)

Not Medically Necessary:

All therapeutic exercises (97110) from 07/06/04 and beyond.

All other level III established patient office visits other than those listed above

**Rationale:**

In this case, the medical records documented that the chiropractic treatment rendered was beneficial because – according to the periodic examinations – the patient’s range of motion improved and his pain decreased, meeting the statutory requirements<sup>1</sup> for medical necessity. Therefore, the clinical trial of chiropractic care including chiropractic manipulative therapy (98940), ultrasound (97035), attended electrical stimulation (97032), therapeutic exercises (97110), group therapy exercises (97150), and periodic office visits for purposes of evaluation (99213) were supported as medically necessary.

---

<sup>1</sup> Texas Labor Code 408.021