



Texas Department of Insurance, Division of Workers' Compensation  
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### Retrospective Medical Necessity and Fee Dispute

#### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (X) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor's Name and Address:  Southeast Health Services P. O. Box 170336 Dallas, Texas 75217	MDR Tracking No.: M5-05-2857-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:  Employers Insurance Company of Wausau, Box 28	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

#### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents included TWCC 60 form, Explanations of Benefits, Medical Documentation and CMS 1500's. Position summary states, "See the attached Peer Review. The doctor recommended the aquatic therapy."

#### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

No documents or position summary were submitted.

#### PART IV: SUMMARY OF DISPUTE AND FINDINGS - Medical Necessity Services

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
7-1-04 – 8-11-04	CPT codes 99204, 97113, 99212-25, 99211, 99214-25	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$1,710.88

#### PART V: 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 Division Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), Medical Dispute Resolution 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 prevail on the disputed medical necessity issues. The amount due the requestor for the items denied for medical necessity is \$1,710.88.

#### PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308

**PART VII: DIVISION DECISION**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the parties are instructed to review the IRO decision and take appropriate action. The carrier must refund the amount of the IRO fee (\$460.00) to the requestor within 30 days of receipt of this order. The Division has determined that the requestor is entitled to additional reimbursement in the amount of \$1,710.88. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30 days of receipt of this Order.

Findings and Decision and Order by:

9-27-05

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Date of Order

**PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW**

Appeals of medical dispute resolution decisions and 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. The Division is not considered a party to the appeal.

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

September 21, 2005

TDI, Division of Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

Re: Medical Dispute Resolution  
MDR #: M5-05-2857-01  
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 certified in chiropractic, and is currently on the TWCC Approved Doctor List.

Sincerely,

Gilbert Prud'homme  
General Counsel  
GP:dd

**REVIEWER'S REPORT**  
**M5-05-2857-01**

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**Information Provided for Review:**

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

Information provided by Requestor:

Medical Necessity Letter  
PT Notes 07/01/04 – 08/11/04  
Radiology Report 04/27/04

Information provided by Respondent:

Designated Review

Orthopedics:

Office Notes 12/30/03 – 05/24/04

**Clinical History:**

The claimant was employed by \_\_\_\_\_ when she was injured in a work related event on \_\_\_\_\_. John McConnell MD consulted the claimant on 12/30/03, worker was provided Ultram, advised to continue physical therapy applications, home exercise program was advised, and a psychological consultation was advised for a possible eating disorder; claimant was removed from work related duties. The claimant presented to the offices of John McConnell MD on 03/04/04 and an arthroscopic meniscectomy was performed over the left knee. Tri Phase Bone scan performed on 04/27/04 revealed a study that was not clinically correlated with the claimant's symptomology. Worker consulted with John McConnell MD from 05/10/04 through 05/24/04 which revealed that the necessity of continuing physical therapy services and a failure to progress clinically. On 07/01/04 the claimant consulted with Bryan Weddle DC for an evaluation that revealed left knee flexion of 65/135 degrees and manual muscle testing revealed a reduction in strength. Peer review of the claimant's management was performed by George Sage DC on 07/08/04 that revealed the necessity of up to 18 sessions of post surgical physical therapy application. Re-evaluation performed by Bryan Weddle DC on 08/11/04 revealed left knee flexion of 87/135 degrees with continued reduction of manual muscle strength. Bryan Weddle DC implemented 13 sessions of physical therapy application from 07/01/04 through 08/11/04.

**Disputed Services:**

Were the 99204 initial office visit, 97113 aquatic therapy, 99212-25 office visit, 99211 office visit, 99214-25 office visit medically necessary from 07/01/04 to 08/11/04.

**Decision:**

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the services in dispute as stated above were medically necessary in this case.

**Rationale:**

Claimant had a left knee arthroscopic meniscectomy performed on 03/04/04. Record reveals that the claimant's progress was delayed by factors including the claimant's weight and poor compliance with home exercise.

Initial baseline evaluation with Bryan Weddle DC performed on 07/01/04 reveals functional deficits that warrant a controlled trial physiotherapeutic management. Follow-up evaluation with Bryan Weddle DC on 08/11/04 reveals an improvement of AROM and muscle strength. Failure of the claimant to progress with land based physiotherapeutics was documented in the visits with John McConnell MD from 05/10/04-05/24/04.

The controlled trial of evaluations and physiotherapeutics establish qualitative/quantative efficacy to clinically justify application from 07/01/04 through 08/11/04.

The aforementioned information has been taken from the following guidelines of clinical practice and/or peer-reviewed references.

- Overview of implementation of outcome assessment case management in the clinical practice. Washington State Chiropractic Association; 2001. 54p.
- St-Pierre DM. Rehabilitation following arthroscopic meniscectomy. Sports Med. 1995 Nov;20(5):338-47.
- Thomas KS, et al. Home based exercise programme for knee pain and knee osteoarthritis: randomized controlled trial. BMJ. 2002 Oct 5;325(7367):752.
- Umar M. Ambulatory arthroscopic knee surgery results of partial meniscectomy. J Pak Med Assoc. 1997 Aug;47(8):210-3.