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

Type of Requestor: (X) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier

Requestor's Name and Address:	MDR Tracking No.: M5-05-2888-01
Matthew E Alix DC **6350 Frantz Rd Suite B** **Dublin OH 43017**	Claim No.:
	Injured Worker's Name:
Respondent's Name and Address:	Date of Injury:
Great American Insurance Co of New York Box 19	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DWC-60 package. No position Summary submitted.

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DWC-60 response. Carrier asserts that the treatments rendered between 8/24/04 and 3/9/05 were neither reasonable nor necessary to treat the

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
8-25-04 to 3-9-05	99204-25 billed in 2004 = $145.00 99213-25 $61.98 x 24 days in 2004 = $1,487.52 99213-25 $61.89 x 4 days in 2005 = $247.56 97110 $34.46 x 42 days in 2004 = $1,447.32 97110 $33.56 x 15 days in 2005 = $503.40 97530 $34.65 x 37 days in 2004 = $1,282.05 97530 $35.15 x 12 days in 2005 = $421.80	☒ **Yes** ☐ **No**	$5,534.65
8-25-04 to 3-9-05	97535, A4556, E0230, 99244-25, 97035, 98940, 98941, 97112, 97012, 97014, and 99070	☐ **Yes** ☒ **No**	$ 0.00

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 **not** prevail on the majority of the disputed medical necessity issues.

Based on review of the disputed issues within the request, Medical Review 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 Medical Dispute Resolution.

Per the 2002 Medical Fee Guideline, code 97010 is a bundled code and considered an integral part of a therapeutic procedure(s). Regardless of whether it is billed alone or in conjunction with another therapy code, additional payment will not be made. Payment is included in the allowance for another therapy service/procedure performed. Therefore, this code as listed on the table of disputed services will not be reviewed and no payment recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308, 134.202

PART VII: DIVISION DECISION AND ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the requestor is entitled to additional reimbursement in the amount of $5,534.65. 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. In addition, the Division finds that the requestor was not the prevailing party and is not entitled to a refund of the IRO fee.

Findings & Decision by:

	Medical Dispute Officer	11-21-05
Authorized Signature	Typed Name	Date

Ordered by:

	, Manager, Fee Dispute Team	11-21-05
Authorized Signature	Typed Name	Date

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.

MAXIMUS®

HELPING GOVERNMENT SERVE THE PEOPLE®

November 1, 2005

Texas Workers Compensation Commission
MS48
7551 Metro Center Drive, Suite 100
Austin, Texas 78744-1609

AMENDED NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-05-2888-01
DWC #: ___
Injured Employee: ___

Requestor: Matthew E Alix, DC

Respondent: Great American Ins Co of New York c/o FO
MAXIMUS Case #: TW05-0186

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. The TDI, Division of Workers Compensation (DWC) has assigned this case to MAXIMUS in accordance with Rule §133.308 which allows for a dispute resolution by an IRO.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the approved doctor list (ADL) of DWC or has been approved as an exception to the ADL requirement. A certification was signed that the reviewing provider has no known conflicts of interest between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO, was signed. In addition, the MAXIMUS chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a male who sustained a work related injury on ___. The patient reported that while at work as a truck driver, he fell five feet from the cab of a truck onto pavement. He also reported that he injured his neck, upper back and left knee in the fall. Diagnoses have included left leg injury, thoracic disc extrusion, contusion/abrasion left knee and thoracic spine sprain/strain. Evaluation and treatment has included x-rays, CT and MRIs, EMG and nerve conduction studies, physical therapy, TENS unit and medication.

Requested Services

Office visits (99204-25), self care/home training (97535), electrodes (A4556), DME-ice cap or collar (E0230), office consultation (99244-25), ultrasound (97035), therapeutic exercises (97110), therapeutic activities (97530), office visit (99213-25), chiropractic manipulation (98940, 98941), neuromuscular re-education (97112), mechanical traction (97012), supply/material (99070) and electrical stimulation (97014) from 8/25/04-3/9/05.

<u>Documents and/or information used by the reviewer to reach a decision:</u>

Documents Submitted by Requestor:

1. Statements of Medical Necessity – 8/26/04, 9/23/04, 10/5/04, 10/20/04, 1/14/05
2. MRI of Thoracic Spine – 6/10/04
3. Disability Placard – 9/3/04
4. Request for Benefit Review Conference – 2/19/05
5. Designated Doctor Evaluation – 8/4/04
6. Current Health Condition – 8/25/04
7. Initial Treatment Plan – 8/26/04
8. Daily Progress Notes – 8/25/04-2/23/05

Documents Submitted by Respondent:

1. Statement of Carrier's Position Letter – 7/25/05, 9/9/05
2. Matthew E. Alix, DC Records – 10/20/04-1/14/05
3. Brian C. Buck, MD Records – 3/26/04
4. Randolph W. Evans, MD Records – 5/9/04-7/19/04
5. David M. Gonzales, MD Records – 11/10/04
6. Lubor J. Jarolimek, MD Records – 12/16/03-6/29/04

7. George Lane, MD Records – 8/4/04
8. Bernie L. McCaskill, MD Records – 7/6/04
9. Richard T. Sheridan, MD Records – 12/8/04-3/2/05
10. Canyon County Paramedics Records – 4/1/04
11. West Valley Medical Center Records – 12/12/03-12/12/03
12. Physical Therapy Records – 4/18/03-8/2/04

Decision

The Carrier's denial of authorization for the requested services is partially overturned.

Standard of Review

This MAXIMUS determination is based upon generally accepted standard and medical literature regarding the condition and services/supplies in the appeal.

Rationale/Basis for Decision

The MAXIMUS chiropractor consultant indicated the member injured himself on ___. The MAXIMUS chiropractor consultant noted he received treatment for his injuries from January 2004 through July 2004 that included both passive and active modalities. The MAXIMUS chiropractor consultant explained he was referred for a designated doctor evaluation on 8/4/04 at which time he was not placed at maximum medical improvement (MMI). The MAXIMUS chiropractor consultant also indicated that the dates of service in question are from 8/25/04 to 3/9/05. The MAXIMUS chiropractor consultant noted the member was past 16-weeks from the date of injury and therefore was in the tertiary phase of care as defined by the North American Spine Society's guidelines for unremitting back pain. The MAXIMUS chiropractor consultant indicated that types of interventions that are acceptable in the tertiary phase of care include injections, chronic pain management, functional restoration, pharmacological interventions, and limited active treatment. The MAXIMUS chiropractor consultant noted that given the phase of care this patient was at during the period in question, only office visits and therapeutic exercises and activities were indicated for treatment of the member's condition during this period.

Therefore, the MAXIMUS chiropractor consultant concluded that the office visits (99204-25), office visit (99213-25), therapeutic exercises (97110) and therapeutic activities (97530) from 8/25/04-3/9/05 were medically necessary for treatment of this patient's condition. The MAXIMUS chiropractor consultant also concluded that self care/home training (97535), electrodes (A4556), DME-ice cap or collar (E0230), office consultation (99244-25), ultrasound (97035), chiropractic manipulation (98940, 98941), neuromuscular re-education (97112), mechanical traction (97012), supply/material (99070) and electrical stimulation (97014) from 8/25/04-3/9/05 were not medically necessary for treatment of the member's condition.

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Sincerely,
MAXIMUS

Lisa Gebbie, MS, RN
State Appeals Department