



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

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor's Name and Address:	MDR Tracking No.: M5-05-2899-01
Ryan Potter MD 5734 Spohn Drive Corpus Christi TX 78414	Claim No.:
	Injured Worker's Name:
Respondent's Name and Address:	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:
Fidelity & Guaranty Insurance Box 19	

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DWC-60 package, EOBs, CMS-1500s. Position summary as listed on the table of disputed services: Our Physician saw the patient for an office visit for his compensable injury. According to TWCC's Fast Facts, if the injury is compensable, the carrier is liable for all reasonable and necessary medical cost.

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Carrier did not respond.

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
8-2-04	99214	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 disputed medical necessity issues.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308, 134.202

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 Division has determined that the requestor is not entitled to additional reimbursement for the services involved in this dispute and is not entitled to a refund of the paid IRO fee.

Findings and Decision by:

Medical Dispute Officer

11-15-05

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.



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M5-05-2899-01
NAME OF REQUESTOR: Ryan Potter, M.D.
NAME OF PROVIDER: Rey Samaniego, M.D.
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 10/14/05 (REVISED 11/11/05)

Dear Dr. Potter:

Professional Associates has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5288). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent’s internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TDI-Division of Workers’ Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Professional Associates for an independent review. The reviewing physician selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal. determination, and any documentation and written information submitted in support of the appeal.

This case was reviewed by a physician reviewer who is Board Certified in the area of Orthopedic Surgery and is currently listed on the DWC Approved Doctor List.

I am the Secretary and General Counsel of Professional Associates and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him the provider, 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 Independent Review Organization.

REVIEWER REPORT

Information Provided for Review:

An MRI of the cervical spine interpreted by Bill Hauser, M.D. dated 06/19/02
Evaluations with Ryan N. Potter, M.D. dated 08/23/02, 09/12/02, 10/04/02, 10/17/02, 11/08/02, 01/07/03, 01/29/03, 02/28/03, 03/28/03, 11/10/03, 11/13/03, 11/24/03, 11/26/03, 12/15/03, 02/13/04, 04/01/04, 05/13/04, 08/02/04, 09/03/04, 05/16/05, and 07/07/05

Cervical epidural steroid injection (ESI) procedures by Dr. Potter on 09/26/02, 12/01/03, 01/30/04,
Facet medial branch blocks by Dr. Potter on 11/07/02 and 01/28/03
X-rays and an MRI of the right shoulder interpreted by Parina Gupta, M.D. dated 02/13/03
An evaluation by Michael D. LeCompte, D.O. dated 11/03/04

Clinical History Summarized:

An MRI of the cervical spine interpreted by Dr. Hauser on 06/19/02 revealed posterior disc bulges with impingement on the thecal sac at C5-C6 and C6-C7. On 08/23/02, Dr. Potter recommended three cervical ESIs. The first ESI was performed on 09/26/02 by Dr. Potter. On 10/04/02, Dr. Potter wanted to defer further ESIs at that time. On 10/17/02, Dr. Potter recommended right sided diagnostic cervical facet medial branch blocks, which were performed on 11/07/02 and 01/28/03. An MRI and x-rays of the right shoulder interpreted by Dr. Gupta on 02/13/03 revealed evidence consistent with calcific tendonitis of the supraspinatus tendon. On 11/10/03, Dr. Potter recommended another cervical ESI, which was performed on 12/01/03. Dr. Potter performed a right shoulder injection of Toradol, Phenergan, and Benadryl on 11/26/03 and 12/15/03. Another ESI was performed by Dr. Potter on 01/30/04. On 02/13/04, Dr. Potter recommended a third ESI. He noted the patient had a recurrence of his pain on _____, which was related to the first injury on _____. On 09/03/04, Dr. Potter wrote a letter to the Texas Workers' Compensation Commission (TWCC) stating the patient's condition was an exacerbation of his preexisting injury and that he would recommend occasional cervical ESIs and mild medications. He could not understand why care was being denied. Dr. LeCompte wrote a note to the TWCC on 11/03/04 stating he felt the patient's injury of _____ was not new and was only an exacerbation from the ____ injury. He recommended a repeat EMG/NCV study and a right shoulder subacromial steroid injection. On 05/16/05, Dr. Potter also recommended a right shoulder subacromial injection. On 07/07/05, he noted the patient was doing well after his shoulder injection and he continued to work full time full duty.

Disputed Services:

An office visit on 08/02/04

Decision:

I disagree with the requestor. The office visit on 08/02/04 was neither reasonable nor necessary.

Rationale/Basis for Decision:

The patient had an acute exacerbation of a preexisting cervical spondylosis on _____. He received cervical ESIs, as well as medial facet block and improved significantly. The patient had minimal symptoms and had an exacerbation of those preexisting symptoms. In my opinion, the cervical spondylosis preexisted the injury. The re-exacerbation of his underlying degenerative change was not considered a portion of the compensable injury. Therefore, the visit on 08/02/04 and thereafter was due to the disease of life and not the compensable injury. Please see the textbook on the cervical spine as published by the Cervical Spine Research Society for comments on degenerative spinal diseases.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician consulting for Professional Associates is deemed to be a Commission decision and order.

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. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). 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.

If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
P. O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization's decision was sent to DWC via facsimile or U.S. Postal Service on 11/11/05 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel