

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity Dispute

PART I: GENERAL INFORMATION

Type of Requestor: (X) HCP () IE () IC	Response Timely Filed? (X) Yes () No
Requestor's Name and Address Valley Spine Medical Center 5327 South McColl Rd. Edinburg, Texas 78539	MDR Tracking No.: M5-05-2920-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address TASB Risk Management Fund, Box 12	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		
7-19-04	12-22-04	CPT codes 97110, 97124, 97140, 99212, 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 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:

Authorized Signature

Donna Auby

Typed Name

8-30-05

Date

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.



Specialty Independent Review Organization, Inc.

August 26, 2005

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ____
TWCC #: ____
MDR Tracking #: M5-05-2920-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Osteopathy with a specialty in Physical Medicine and Rehabilitation. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This patient was injured on ___ when he was working at a shop and he had to dislodge a wood plank off of a truck. He was pulling it up when he felt immediate pain in his low back area and he had a difficult time straightening up. He saw Ruth Echavarria, D.C. on the date of the injury and was diagnosed with lumbosacral sprain and strain with low back pain and muscle spasms. Physical therapy, including modalities, was initiated. The patient was also referred to Dr. Pete Garcia, a medical doctor, on 7/13/2004. The patient related to Dr. Garcia that physical therapy was helping him and he was feeling better. Dr. Garcia recommended continuing physical therapy at that time and if the patient did not improve, an MRI scan would be ordered. The patient then participated in physical therapy with SOAP notes handwritten, and progress circled on a chart form.

Records Reviewed:

Medical narrative report dated 7/2/04 by Ruth Echavarria, D.C.

Medical report dated 7/13/04 by Dr. Pete Garcia

Progress notes filled out by Ruth Echavarria, D.C. dated 7/19; 7/21; 7/22; 7/27; 7/28;
7/29; 8/2; 8/4; 8/5; 8/9; 8/11 and 8/13/2004

Follow-up visits 11/12 and 12/22/2004 performed by Dr. Pete Garcia

DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of therapeutic exercises-97110, massage therapy-97124, manual therapy technique-97140 and office visits-99212/99113 from 7-19-2004 through 12-22-2004.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that therapeutic exercise, massage therapy and manual therapy techniques are reasonable and necessary, however cannot be supported by the documentation provided. Office visit 99212 and office visit 99213 appear to be reasonable or necessary for follow-up evaluation on the patient, however cannot be supported by the documentation provided.

According to "Clinical Evidence", published by BMJ Publishing Group under United Health Foundations, three systematic reviews and additional random control trials have found that exercise therapy is more effective than other conservative treatments in people with back pain.

Physical therapy, including therapeutic exercises, massage therapy and manual therapy can definitely help a patient recover from a back injury. There was poor documentation of what was done and there was no support for billing of one-on-one guided exercises. The first therapy session on 7/19/05 was documented at 60 minutes and this rapidly progressed to two hour therapy sessions. Progress and goals were not addressed in the documentation. Regarding office visits 99212 and 99213, documentation is lacking regarding the history, physical examination and recommendations.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director