



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: Horizon Health c/o Bose Consulting LLC PO Box 550496 Houston TX 77255	MDR Tracking No.: M5-05-3007-01
	Claim No.:
	Injured Worker's Name:
Respondent's Name and Address: Ace American Insurance Box 15	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DWC-60 package. Position Summary: Necessary treatment

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Response to DWC-60 package. No Position Summary

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
7-13-04 to 8-11-04	97110 \$222.24 x 14 days = \$3,111.36 97140 \$33.91 x 14 days = \$474.74 97112 \$36.75 x 14 days = \$514.50	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$4,100.60
	99212 \$48.03 x 13 days = \$624.39 99213 \$67.25 x 1 day = \$67.25	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$691.64
	TOTAL		\$4,792.24

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 disputed dates of service 6-30-04 through 7-12-04 are untimely and ineligible for review per DWC Rule 133.308 (e)(1).

The Division has reviewed the enclosed IRO decision and determined that the requestor **prevailed** 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 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 finds that the requestor was the prevailing party and is entitled to a refund of the IRO fee in the amount of \$460.00. Also, the Division has determined that the requestor is entitled to additional reimbursement in the amount of \$4,792.24. 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.

Ordered by:

Medical Dispute Officer

1-6-06

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.



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M5-05-3007-01
NAME OF REQUESTOR: Horizon Health c/o Bose Consulting
NAME OF PROVIDER: Carrie Schwartz, D.C.
REVIEWED BY: Board Certified in Chiropractics
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 09/27/05

Dear Horizon Health:

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 Chiropractics 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 and any of the treating physicians or providers or any

of the physicians or providers who reviewed this case for determination prior to referral to the Independent Review Organization.

REVIEWER REPORT

Information Provided for Review:

An evaluation by Ellison H. Wittels, M.D. dated 05/18/04

A chiropractic evaluation by Carrie Schwartz, D.C. dated 05/27/04

Chiropractic treatment with Dr. Schwartz on 06/02/04, 06/03/04, 06/08/04, 06/09/04, 06/11/04, 06/14/04, 06/15/04, 06/16/04, 06/28/04, 06/29/04, 06/30/04, 07/06/04, 07/07/04, 07/09/04, 07/12/04, 07/13/04, 07/14/04, 07/19/04, 07/20/04, 07/21/04, 07/16/04, 07/27/04, 07/28/04, 08/02/04, 08/03/04, 08/04/04, 08/09/04, 08/10/04, and 08/11/04

Pain management evaluations by Daniel T. Dao, M.D. dated 06/07/04 and 09/22/04

Orthopedic evaluations by Jeffrey D. Reuben, M.D. dated 06/22/04, 08/26/04, and 10/07/04

A Functional Capacity Evaluation (FCE) with an unknown provider (no name or signature was listed) dated 07/09/04

A Designated Doctor Evaluation with James K. Knott, M.D. dated 07/14/04

A Functional Capacity Evaluation (FCE) from H. Bryan Lee, D.C. dated 07/16/04

A note from Dr. Wittels dated 11/03/04

A request for reconsideration for treatment from Dr. Schwartz on an unknown date

A position statement from Bose Consulting, L.L.C. on an unknown date

Clinical History Summarized:

On 05/18/04, Ellison H. Wittels, M.D. placed the patient at Maximum Medical Improvement (MMI) with a 0% whole person impairment rating. Carrie Schwartz, D.C. recommended active rehabilitation three times a week for four weeks as of 05/27/04. The patient had chiropractic treatment with Dr. Schwartz from 06/02/04 through 08/11/04 for a total of 29 sessions. Daniel T. Dao, M.D. recommended conservative treatment and medications. Jeffrey D. Reuben, M.D. felt the patient had work related right plantar fasciitis on 06/22/04 and recommended continued physical therapy. A Functional Capacity Evaluation (FCE) on 07/09/04 revealed the patient could function in the light physical demand level. A Designated Doctor Evaluation by James K. Knott, M.D. on 07/14/04 revealed the patient was at MMI at that time with a 0% whole person impairment rating and could return to work with restrictions. On 08/26/04, Dr. Reuben recommended a right plantar fascia Cortisone injection, a lace up ankle support, and continued physical therapy. Dr. Dao noted the patient refused injection therapy on 09/22/04 and wanted to proceed with surgery. On 11/03/04, Dr. Wittels stated he had not evaluated the patient since

05/18/04. Bose Consulting, L.L.C. provided an undated letter regarding disputed dates of service between 06/03/04 and 08/11/04, as the carrier denied reimbursement to the provider for those services. Dr. Schwartz provided an undated request for reconsideration of those services.

Disputed Services:

Therapeutic exercises, manual therapy techniques, neuromuscular reeducation, and office visits from 07/13/04 through 08/11/04.

Decision:

I agree with the requestor. The therapeutic exercises, manual therapy techniques, neuromuscular reeducation, and office visits from 07/13/04 through 08/11/04 were reasonable and medically necessary.

Rationale/Basis for Decision:

The question was whether the treatment provided to the patient satisfied the qualifications of Section 408.021 of the Texas Labor Code, which only substantiated the need for care, which (1) cures or relieves the effects naturally resulting from the compensable injury, (2) promotes recovery, or (3) enhances the ability of the employee to return to or retain employment. Based upon review of the documentation, the patient suffered from a significant tearing injury to the plantar fasciitis of the right foot, as demonstrated by MRI evaluation. Based upon the supplied documentation, the patient's condition appeared to progress at a reasonable pace under the treatment plan provided by Dr. Schwartz. The treatment does not appear to be excessive in nature and the patient appeared to respond to such treatment. Therefore, based upon the supplied documentation, the above mentioned services provided by Dr. Schwartz between 07/13/04 and 08/11/04 do satisfy the qualifications of Section 408.021 and were, therefore, reasonable and necessary as related to the original injury.

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 09/27/05 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel