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 Dispute

PART I: GENERAL INFORMATION

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

Requestor's Name and Address: Rehab 2112 P O BOX 671342 Dallas, Texas 75267-1342	MDR Tracking No.: M5-05-3020-01 Claim No.: Injured Employee's Name:
Respondent's Name and Address: Texas Mutual Insurance Company Box 54	Date of Injury: Employer's Name: Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: TWCC-60 package, explanations of benefits and CMS 1500s
POSITION SUMMARY: "Services were medically necessary" from the table of disputed services

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to TWCC-60, explanations of benefits
POSITION SUMMARY: This dispute involves the carrier's payment for date of service 7/16/2004 to 8/13/2004. The requester billed $2,257.00; Texas Mutual paid $0.00. The requester believes it is entitled to an additional of $2,257.00

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
07-16-04 to 08-13-04	97110 (61 units)	☒ Yes ☐ No	$2,257.00

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 **prevailed** on the disputed medical necessity issues. The amount due from the carrier for the medical necessity issues equals $2,257.00.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308

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 $2,257.00. In addition, 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. 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:

		10-18-05
Authorized Signature		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.

CompPartners Final Report

URAC ACCREDITED EXTERNAL REVIEW

CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: ___
TWCC # : ___
MDR # : **M5-05-3020-01**
TDI/IRO # : **5298**
Social Security #: ___
Treating Provider: Jason McNeese. D.C .
Review: Chart
State: TX
Amended Report: **10/17/05**

Review Data:

- **Medical Necessity Request dated 8/29/05, 1 page. (3 copies)**
- **Notification of IRO Assignment dated 8/29/05, 1 page. (2 copies)**
- **Medical Dispute Resolution Request dated 7/14/05, 2 pages (2 copies)**
- **List of Providers (date unspecified), 1 page.**
- **Physician Information Sheet (date unspecified), 1 page.**
- **Table of Disputed Services dated 8/13/04, 8/11/04, 8/9/04, 8/6/04, 8/4/04, 8/2/04, 7/30/04, 7/16/05, 1 page. (2 copies).**
- **Explanation of Benefits Report (date unspecified), 6 pages.**
- **Fax Cover Sheet dated 8/30/05, 1 page.**
- **Fax Confirmation Sheet dated 8/30/05, 1 page.**
- **MDR Request dated 7/6/05, 7 pages.**
- **Letter of Medical Necessity dated 12/21/04, 7 pages.**
- **Right Hip and Pelvis MRI dated 3/15/02, 2 pages.**
- **Lumbar Spine MRI dated 8/1/02, 2 pages.**
- **Right Hip AP Spot and Frog-leg Lateral Projections Report dated 3/15/02, 1 page.**
- **Medical Dispute Resolution Request (date unspecified), 2 pages.**
- **Health Insurance Claim Form Signed on 7/19/04, 8/2/04, 8/3/04, 8/5/04, 8/9/04, 8/10/04, 8/12/04, 8/16/04. 8 pages. (2 copies of each)**
- **Explanation of Benefits dated 8/25/04, 9/10/04, 9/16/04, 9/23/04. 8 pages.**
- **Explanation of Benefits (date unspecified) 8 pages.**
- **Rehabilitation Therapy Notes dated 7/30/04, 7/28/04, 7/26/04, 7/23/04, 7/21/04, 7/19/04, 7/16/04, 7/14/04, 7/12/04, 7/7/04, 7/6/04, (dates unspecified), 7 pages.**
- **Active Rehabilitation Exercise/Fee Slip dated 8/13/04, 8/11/04, 8/9/04, 8/6/04, 8/4/04, 8/2/04, 7/30/04, 7/28/04, 7/26/04, 7/23/04, 7/21/04, 7/19/04, 7/16/04, 7/14/04, 7/12/04, 7/9/04, 7/7/04, 7/6/04, 2 pages.**
- **Final Functional Capacity Evaluation dated 10/15/04, 9 pages.**
- **Visual Pain Rating Scale and Pain Diagram (date unspecified), 1 page. (2 copies)**
- **Oswestry Low Back Pain Disability Questionnaire dated 10/11/04, 1 page.**
- **Injury Impact Questionnaire dated 10/11/04, 3 pages.**
- **Interim Functional Capacity Evaluation dated 9/21/04, 10 pages.**
- **Oswestry Low Back Pain Disability Questionnaire (date unspecified), 1 page.**
- **Ammended Initial Functional Capacity Evaluation dated 8/18/04, 10 pages.**
- **Visual Pain Rating Scale and Pain Diagram dated 8/16/04, 1 page.**
- **Oswestry Low Back Pain Disability Questionnaire dated 8/16/04, 1 page.**
- **Injury Impact Questionnaire dated 8/16/04, 3 pages.**
- **Stress and Lifestyle-Change Survey dated 8/16/04, 5 pages.**
- **Referral Acceptance Letter dated 8/20/04, 2 pages.**

- **Excuse Slip dated 9/17/04, 1 page.**
- **Transition Sheet dated 9/15/04, 1 page.**
- **Job Description Request (date unspecified) 1 page.**
- **Transmission Verification Report dated 9/16/04, 1 page.**
- **Designated Doctor Examination Report dated 9/13/04, 1 page.**
- **Transmission Verification Report dated 9/13/04, 1 page.**
- **Letter of Rehabilitation dated 9/13/04, 1 page.**
- **Examination Order Translated in Spanish dated 9/13/04, 1 page.**
- **Examination Order Report dated 8/24/04, 1 page.**
- **Initial Functional Capacity Evaluation Report dated 8/18/04, 3 pages.**
- **Transmission Verification Report dated 8/12/04, 1 page.**
- **Letter of Rehabilitation dated 8/12/04, 1 page.**
- **Claimant Description dated 5/1/02, 1 page.**
- **Prescription Letter (date unspecified), 1 page.**
- **Comprehensive Patient Examination dated 7/6/04, 4 pages.**
- **Visual Pain Rating Scale and Pain Diagram dated 7/6/04, 1 page.**
- **Oswestry Low Back Pain Disability Questionnaire dated 7/6/04, 2 pages.**
- **Injury Impact Questionnaire dated 7/6/04, 3 pages.**
- **Acknowledgement of Receipt of Notice dated 7/6/04, 1 page.**
- **Work Program Participant Intake Sheet (date unspecified), 5 pages.**
- **Authorization and Assignment of Cause of Action signed on 7/6/04, 1 page.**
- **Patients Complaints for Investigation and Resolution of any Allegations (date unspecified), 1 page.**
- **Informed Consent dated 7/6/04, 1 page.**
- **Fee Schedule dated 7/6/04, 1 page.**
- **Critical Item Questionnaire dated 7/6/04, 1 page.**
- **Musculoskeletal Examination dated 10/2/02, 1 page.**
- **Daily Progress Note dated 9/24/02, 9/20/02, 9/17/02, 9/12/02, 9/10/02, 9/5/02, 9/4/02, 8/29/02, 8/26/02. 9 pages.**
- **Recommendation Letter Translated in Spanish dated 8/21/02, 1 page.**
- **Musculoskeletal Examination dated 8/21/02, 1 page.**
- **Daily Progress Note dated 8/15/02, 8/13/02, 8/8/02, 8/6/02, 8/1/02, 7/30/02, 7/25/02, 7/24/02, 7/19/02. 9 pages.**
- **Musculoskeletal Examination dated 7/16/02, 1 page.**
- **Recommendation Letter Translated in Spanish (date unspecified), 1 page.**
- **Recommendation Letter Translated in Spanish dated 7/12/02, 1 page.**
- **Daily Progress Note dated 7/9/02, 1 page.**
- **Musculoskeletal Examination dated 7/2/01, 1 page.**
- **Extremity Examination dated 7/2/04, 1 page.**
- **Musculoskeletal Examination dated 6/1/04, 1 page.**
- **Extremity Examination dated 6/1/04, 1 page.**
- **Musculoskeletal Examination dated 5/1/04, 1 page.**
- **Extremity Examination dated 3/1/04, 1 page.**
- **Daily Progress Note dated 4/2/04, 1 page.**
- **Correction Sheet dated 4/6/04, 1 page.**
- **Transmission Verification Report dated 4/6/04, 1 page.**
- **Recommendation Letter Translated in Spanish dated 3/2/04, 1 page.**
- **Musculoskeletal Examination dated 3/2/04, 1 page.**
- **Extremity Examination dated 3/2/04, 1 page.**
- **Recommendation Letter Translated in Spanish dated 2/4/04, 1 page.**
- **Musculoskeletal Examination dated 2/4/04, 1 page.**
- **Extremity Examination dated 2/4/04, 1 page.**
- **Daily Progress Note dated 1/2/03, 1 page.**
- **Recommendation Letter Translated in Spanish dated 12/1/03, 1 page.**
- **Musculoskeletal Examination dated 12/1/03, 1 page.**
- **Extremity Examination dated 12/1/03, 1 page.**
- **Musculoskeletal Examination dated 11/3/03, 1 page.**

- **Extremity Examination dated 11/3/03, 1 page.**
- **Recommendation Letter Translated in Spanish dated 9/27/03, 1 page.**
- **Musculoskeletal Examination dated 9/27/03, 1 page.**
- **Extremity Examination dated 9/27/03, 1 page.**
- **Musculoskeletal Examination dated 8/29/03, 1 page.**
- **Extremity Examination dated 8/29/03, 1 page.**
- **Code Sheet dated 8/21/03, 2 pages.**
- **Treatment Frequency Sheets (date unspecified) 4 pages.**
- **Patient Release Worksheet dated 8/21/03, 1 page.**
- **Daily Progress Note dated 7/3/03, 6/17/03, 6/2/03, 5/24/03. 4 pages.**
- **Musculoskeletal Examination dated 5/6/03, 1 page.**
- **Extremity Examination dated 5/6/03, 1 page.**
- **Daily Progress Note dated 4/22/03, 1 page.**
- **Musculoskeletal Examination dated 4/7/03, 1 page.**
- **Extremity Examination dated 4/7/03, 1 page.**
- **Daily Progress Note dated 3/21/03, 1 page.**
- **Musculoskeletal Examination dated 3/7/03, 1 page.**
- **Extremity Examination (date unspecified), 1 page.**
- **Daily Progress Note dated 2/18/03, 2/8/03, 1/22/03, 1/7/03, 12/18/03. 5 pages.**
- **Musculoskeletal Examination dated 12/5/02, 1 page.**
- **Extremity Examination dated 12/5/02, 1 page.**
- **Daily Progress Note dated 12/4/02, 11/27/02, 11/26/02, 11/21/02, 11/19/02, 11/14/02, 11/07/02, 11/05/02, 10/31/02, 10/29/02, 10/24/02, 10/21/02, 10/17/02, 10/14/02, 10/09/02, 10/07/02. 16 pages.**
- **Recommendation Letter Translated in Spanish dated 11/12/02, 1 page.**
- **Musculoskeletal Examination dated 11/12/02, 1 page.**
- **Recommendation Letter Translated in Spanish dated 10/2/02, 1 page.**
- **Daily Notes dated 10/11/04, 9/13/04, 8/16/04, 8/12/04, 7/2/04. 1 page.**
- **Prescription dated 9/13/04, 1 page.**
- **Prescription dated 8/12/04, 1 page.**
- **Transmission Verification Report dated 8/12/04, 1 page.**
- **Prescription dated 7/2/04, 1 page.**
- **Claimant Information Sheet dated 7/5/04, 1 page.**
- **Notice of TWCC Compensability dated 7/6/04, 1 page.**
- **Transmission Verification Report dated 7/2/04, 1 page.**
- **Transmission Verification Report dated 7/6/04, 1 page.**
- **Request of Records dated 7/2/04, 1 page. (2 copies)**
- **Transmission Verification Report dated 7/2/04, 1 page.**
- **Accident & Injury Chiropractic Referral Form dated 3/9/02, 1 page.**
- **Follow-up Visit dated 2/5/03, 1 page.**
- **Follow-up Visit dated 11/6/02, 1 page.**
- **Medical Consultation dated 3/12/02, 3 pages.**
- **Evaluation Report dated 12/18/02, 2 pages. (2 copies)**
- **Follow-up Report dated 12/8/02, 3 pages.**
- **Accident & Injury Chiropractic Referral Form dated 8/2/02, 1 page.**
- **Accident & Injury Chiropractic Referral Form (date unspecified), 1 page.**
- **Accident & Injury Chiropractic Referral Form dated 3/20/02, 1 page.**
- **Designated Doctor Evaluation dated 12/19/03, 4 pages.**
- **Benefit Review Conference Letter dated 4/11/03, 1 page.**
- **Benefit Review Conference Letter dated 5/28/03, 1 page.**
- **Initial Narrative Report dated 3/13/02, 4 pages.**
- **Musculoskeletal Examination dated 7/12/02, 1 page.**
- **Extremity Examination dated 7/12/02, 1 page.**
- **Daily Progress Note dated 7/5/02, 7/2/02, 6/27/02, 6/21/02, 6/18/02, 6/14/02, 6/11/02, 6/6/02. 8 pages.**
- **Recommendation Letter Translated in Spanish dated 6/5/02, 1 page.**

- **Musculoskeletal Examination dated 6/5/02, 1 page.**
- **Daily Progress Note dated 5/30/02, 5/28/02, 5/22/02, 5/17/02, 5/14/02, 5/9/02, 5/7/02, 5/2/02, 4/30/02. 9 pages.**
- **Patient Satisfaction Survey dated 4/26/02, 1 page.**
- **Musculoskeletal Examination dated 4/26/02, 1 page.**
- **Extremity Examination dated 4/26/01, 1 page.**
- **Daily Progress Note dated 4/24/02, 4/11/02, 4/10/02, 4/5/02, 4/3/02, 4/1/02, 3/28/02, 3/27/02, 3/26/02, 3/20/02, 3/19/02, 3/18/02, 3/16/02, 3/15/02, 3/14/02, 3/13/02, 3/12/02, 3/11/02. 18 pages.**
- **Patient Satisfaction Survey Translated in Spanish dated 3/21/02, 1 page.**
- **Musculoskeletal Examination dated 3/21/02, 1 page.**
- **Extremity Examination dated 3/21/02, 1 page.**
- **Musculoskeletal Examination dated 3/9/02, 1 page.**
- **Extremity Examination dated 3/9/02, 1 page.**
- **Internal Radiographic Report dated 3/9/02, 1 page.**
- **Verification of Non-Pregnancy (date unspecified) 1 page.**
- **Insurance Information (date unspecified) 1 page.**
- **Authorization signed on 3/9/02, 1 page.**
- **Fee Schedule dated 3/9/02, 1 page.**
- **Authorization and Assignment of Benefits and Cause of Action dated 3/9/02, 1 page.**
- **Outline of Procedures For The New Patient Other Than MVC (date unspecified) 1 page.**
- **Informed Consent signed on 3/9/02, 1 page.**
- **Questionnaire (date unspecified) 1 page.**
- **Personal History dated 3/9/02, 2 pages.**
- **Consultation (date unspecified) 2 pages.**
- **Diagnosis and Treatment Sheet (date unspecified), 4 pages.**
- **Patient Demographic/Trackers Sheet dated 3/9/02, 1 page.**
- **Patient Compliance Worksheet dated 7/17/03, 7/1/03, 5/24/03, 5/21/03, 3/7/03, 3/6/03, 4/16/02, 3/25/02, 2 pages.**
- **Telephone Call Log Sheet dated 3/31/03, 3/26/03, 7/5/02, 4/30/02, 3/12/02, 1 page.**
- **Patient Information Sheet dated 3/9/02, 2 pages.**
- **Procedure Request dated 2/6/03, 2 pages.**
- **Official Examination Order dated 11/26/03, 1 page.**
- **Report of Medical Evaluation dated 12/19/03, 1 page.**
- **Sent Report (date unspecified) 1 page.**
- **Appointment Letter dated 10/9/02, 1 page.**
- **Benefit Dispute Agreement dated 7/8/03, 2 page.**
- **Agreement Letter (date unspecified) 1 page.**
- **Common ICD-9 Codes dated 7/22/03, 2 page.**
- **Texas Worker's Compensation Work Status Report (date unspecified), 1 page.**
- **Independent Medical Evaluation dated 11/6/02, 7 pages.**
- **Appointment Letter dated 10/9/02, 1 page.**
- **Fax Letter dated 10/14/02, 1 page.**
- **Order to Appear at Benefit Review Conference dated 3/11/03, 2 pages.**
- **Request For Telephone Appearance dated 4/9/03, 1 page.**
- **Transmission Verification Report dated 3/25/03, 1 page**
- **Benefit Review Conference dated 4/9/03, 1 page.**
- **Telephone Conversations Report dated 6/14/02, 1 page.**
- **Letter From Texas Mutual dated 5/6/02, 1 page.**
- **Texas Workers' Compensation Work Status Report (date unspecified), 1 page. (2 copies)**
- **Letter From Attorney (date unspecified) 1 page.**
- **Texas Workers' Compensation Work Status Report dated 5/1/04, 4/2/04, 6/1/04, 3/2/04, 2/4/04, 12/1/03, 11/3/03, 9/23/03, 8/29/03, 7/8/03, 6/2/03, 5/6/03, 4/9/03, 3/7/03, 2/18/03, 1/14/03, 6/27/02, 10/21/01, 10/6/02, 8/22/02, 6/27/02, 5/22/02, 3/9/02, 4/6/02, 4/1/02. 25 pages.**
- **3/9/02, 1 page.**
- **Employee's Notice of Injury or Occupational Disease and Claim For Compensation dated , 1 page (2 copies).**

- **Letter from Texas Workers' Compensation dated 4/22/02, 1 page.**
- **Notice of Injury Received dated , 1 page.**
- **Compensation Claim Received Notice dated 4/12/02, 1 page.**
- **Memo about Benefit Review Conference dated 7/15/02, 2 pages.**
- **Notice to Appear dated 7/8/02, 2 pages.**
- **General Patient Notes dated 6/14/02, 5/20/02, 5/1/02, 4/26/02, 4/19/02, 4/17/02, 4/12/02, 3/28/02, 3/27/02.**
- **Letter From St. Joseph Medical Plaza (date unspecified) 1 page.**
- **Letter From A & I Corporate (date unspecified), 1 page.**
- **Appointment Letter (date unspecified), 1 page.**
- **Out-patient Record dated 11/6/03, 1 page. (2 copies)**
- **Accident & Injury Chiropractic Referral Form dated 5/7/03, 1 page.**
- **Transmission Verification Report dated 5/8/03, 1 page.**
- **Accident & Injury Chiropractic Referral Form (date unspecified), 1 page.**
- **Accident & Injury Chiropractic Referral Form dated 12/11/02, 1 page.**
- **Texas Worker's Compensation Work Status Report dated 11/18/02, 1 page.**
- **Accident & Injury Chiropractic Referral Form dated 3/9/02, 1 page.**
- **Authorization Letter signed on 6/1/04, 1 page. (2 copies)**
- **Physician Attestation Statement dated 5/12/04, 1 page.**
- **Discharge Summary dated 5/6/04, 2 pages.**
- **History and Physical Report dated 7/9/04, 2 page.**
- **Operative Notes dated 5/4/04, 1 page.**
- **Operative Report dated 5/4/04, 3 pages.**
- **Laboratory Report dated 5/4/04, 2/24/04, 2 pages.**
- **Laboratory Report dated 5/7/04, 5/6/04, 5/5/04, 1 page.**
- **Transmission Verification Report dated 6/17/04, 1 page.**
- **Authorization For Use signed on 6/17/04, 2 page.**
- **Letter of Authorization dated 7/9/04, 2 pages.**
- **Letter From Joint Replacement Clinic dated 4/1/04, 1 page.**
- **Preoperative Screening dated 3/2/04, 1 page.**
- **Transmission Verification Report dated 6/1/04, 1 page. (2 copies)**
- **Release of Records Request dated 3/9/02, 1 page. (2 copies)**
- **Transmission Verification Report dated 5/20/02, 1 page.**
- **Patient Information Report dated 11/20/01, 1 page.**
- **Release of Records Request dated 4/24/02, 1 page. (2 copies)**
- **Transmission Verification Report dated 4/29/02, 1 page.**
- **Transmission Verification Report dated 5/20/02, 1 page.**
- **Transmission Verification Report dated 6/14/02, 1 page.**
- **Consultation (date unspecified) 1 page.**
- **Neurological Examination (date unspecified), 1 page.**
- **Treatment Notes (dates unspecified) 1 page.**
- **Progress Notes dated 4/12/02, 1 page.**
- **Common ICD-9 Codes dated 3/9/02, 2 pages.**
- **Treatment Plan dated 3/9/02, 1 page.**
- **Facsimile Transmittal dated 8/30/05, 1 page.**

Reason for Assignment by TDI: Appeal the previous denial of the retrospective medical necessity for therapeutic exercises provided from 7/16/04 to 8/13/04.

Determination: REVERSED the previous denial of the retrospective medical necessity for therapeutic exercises provided from 7/16/04 to 8/13/04.

Rationale:

Patient's age: 51 years
Gender: Male
Date of Injury:

Mechanism of Injury: Removing a transmission from a truck, weighing approximately 100 pounds, when he felt his "leg go out of socket", injuring his right hip.

Diagnosis: Postoperative right total hip replacement on 5/4/04.

The patient had a right hip and pelvis MRI performed on 3/15/02 which was interpreted by Eric Bennos, MD radiologist. This revealed that there was a stress injury to the right femoral head associated with MR features that would indicate developing avascular necrosis of the right femoral head at the 11 to 12 o'clock position. There was a stress injury and marrow stress edema involving the posterior two-thirds of the acetabulum on the right side. He noted that perhaps exclusion of an infectious etiology (i.e. joint aspiration or 3 phase nuclear bone scan may be indicated). There was also evidence for left sacroiliitis, a right hip joint effusion indicating post traumatic inflammatory change, with no evidence of intrapelvic mass or adenopathy, and no evidence of hip dislocation identified.

There was an MRI of the lumbar spine performed on 8/1/02, which indicated a 1 mm bulge of the annulus present at L5-S1, not impinging on the neural structures. He noted that this was indicative of mild disc edema. There was a hypolordotic curvature which was indicative of mild myofascial spasms, there was Modic type II fibro fatty degeneration of the anterior superior endplate of L5, no acute fracture was seen or unstable injury, and there was facet arthrosis throughout the lumbar range indicative of degenerative change.

There was an X-ray of the right hip on 3/15/02 as interpreted by Tamar Uptigrove, D.C. that indicated moderate to marked degenerative joint disease involving the left femur-acetabular articulation. The patient was subsequently seen by several orthopedic doctors and determined to be in need of a right total hip replacement, which he eventually had performed at Ben Taub Hospital, Houston, Texas on 5/4/05 by Kevin James, MD. It appeared that the surgery had been delayed since at least 2002, but reasons were not specific in these provided materials. The discharge summary from Ben Taub Hospital was dated for 5/6/04 and indicated that he progressed well with his postoperative rehabilitation, and was able to walk long distances and was discharged from the hospital after two days. He was to follow-up at the post-op clinic on 5/14/04.

The patient had also been evaluated on 11/15/02 by Donald Henderson Nowlin, MD and found to have positive Waddell's signs with inappropriate response to axial loading and rotation, as well as with regional disturbances were inappropriate. The diagnoses from Dr. Nowlin on that date were resolved lumbar strain, probable aseptic necrosis right hip and no abnormality of the right knee, probably referred pain. He also felt that the chiropractic treatments received after 3/15/02 was unnecessary. He did not feel the patient was a candidate for a total hip replacement at all.

The patient continued to be treated by a chiropractor for his complaints of low back pain; right knee pain, right hip pain and treatment simply did not change his objective or subjective findings from 2002 through at least 5/1/04. On the 5/6/03 notes, there was also indication that he was sent to Ben Taub Emergency room via ambulance from the chiropractic office due to suicidal tendencies, and a 911 call was placed due to this behavior.

The patient presented for active care rehabilitation on 6/1/04 with the chiropractic office and was sent for rehabilitation to the REHAB 2112 facility. The Functional Capacity Evaluation (FCE) performed on 10/11/04 indicated that he was capable of the medium to medium-heavy duty demand level for a heavy duty job demand position, but still rated his pain at 5/10 initially, and went to a 7/10 during testing. The FCE on 9/21/04 revealed a light to light-medium level in which he was performing, with a 7/10-pain scale rating. The FCE performed on 8/15/04 indicated a 7/10 pain scale rating and a medium duty job demand level. The FCE performed on 7/15/04 indicated he was capable of sedentary to light duty, and had a pain scale of 7/10. He was evaluated by a clinical psychologist, Sari J. Meltzer, PH.D, on 8/20/04 and found to have continued symptoms of depression, anxiety, muscle spasms, frequent headaches, and negative beliefs about recovery, high reported pain levels and vocational concerns with financial limitations. She recommended a work program.

The patient was evaluated by the physical therapist at REHAB 2112 on 7/6/04, and was recommended for physical therapy with goals of returning him to work, increase his range of motion to full, and to gain full motor strength as his right hip was rated at +3/5. Straight leg raising was positive on the left at 60 degrees, Hoover test was positive and Patrick Fabere was negative. He was positive for over reaction tests for non-organic signs. Of interest, was that Patrick Fabere was marked positive on the 7/2/04 examination sheet from the chiropractor, along with Yeoman's and Hibb's tests, as they were also positive on 6/1/04 and 8/1/04 dates, which directly contradicts the physical therapist's findings on 7/6/04.

The current request is to determine the medical necessity for therapeutic exercises provided from 7/16/04 to 8/13/04. Overall, there was no information reflecting a prescription from his orthopedic surgeon for continued physical therapy for the post right hip replacement contained in these records indicating a medical necessity for additional rehabilitation, however, due to the documentation within the FCE's performed consecutively from this time in question from 7/16/04 to 8/13/04, there does appear to be loss of function which has documented improvements after these therapeutic exercises were provided. With regard to the lumbar portion of the rehabilitation, again, he had a significant amount of chiropractic, physical therapy, exercises, medications and very little change in his overall pain scale ratings and with evidence of positive Waddell's testing. However, there were some improvements with regard to his functional levels with the right hip and low back from his FCE's from 7/15/04 to 10/11/04, and it appeared that the 3 months of work hardening rehabilitation had progressed him functionally, although it had not reduced his

overall pain scale much at all with his pain scale rating a 7/10 on 7/15/04, and he remained with at least a 5/10 raising to a 7/10

pain scale rating during the October 2004 FCE and this may be secondarily related to his psychological issues dealing with high pain scale ratings mentioned above. Therefore, this reviewer feels that the therapeutic exercises were a medical necessity with regard to documented deficits per the FCE report from 7/15/04, as ordered by his primary treating physician. Additionally, there was no documentation reflecting that postoperative rehabilitation for his right total hip replacement, which was performed on 5/4/04, ever took place. It would be reasonable for this claimant, who had the total hip replacement and issues of psychological components, to require additional therapy with therapeutic exercises in office, to address his functional losses, make sure he had adequate compliance and help with issues regarding his perceived pain levels which would qualify as co-morbid factors.

Criteria/Guidelines utilized: ***Clinical Orthopaedic Rehabilitation,* 2nd Edition, by S. Brent Brotzman & Kevin S. Wilk.**

Physician Reviewers Specialty: Chiropractic

Physician Reviewers Qualifications: Texas Licensed DC, BSRT, FIAMA Chiropractor and is also currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to CompPartners, Inc.

Your Right to Appeal

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.