



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.: M5-05-3166-01
Rehab 2112 PO Box 671342 Dallas TX 75267-1342	Claim No.:
	Injured Worker's Name:
Respondent's Name and Address:	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:
Texas Mutual Insurance Box 54	

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

TWCC-60 package, EOBs, CMS-1500s. Services were medically necessary.

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documentation submitted: TWCC-60 response. This dispute involves the carrier's payment for date of service 8-17-04 to 10-15-04. The requester billed \$125,654.00; Texas Mutual paid \$128.00. The requester believes it is entitled to an additional of \$15,526.00.

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
8-17-04 to 10-15-04	97545-WH-CA, 97546-WH-CA, 97750-FC	<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

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

10-31-05

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.

October 11, 2005

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

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-05-3166-01
TWCC #:
Injured Employee:
Requestor: Rehab 2112
Respondent: Texas Mutual Insurance Company
MAXIMUS Case #: TW05-0192

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

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 with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The MAXIMUS chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. 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 he sustained injury to his back, right knee and right hip while lifting a heavy transmission from a truck. He also reported that he felt his leg go out of its socket. Diagnoses have included lumbar disc displacement and radiculopathy, myositis, lumbago, muscle spasm, aseptic necrosis and osteoarthritis. Evaluation and treatment have included MRIs, EMG/NCVs, right total hip arthroplasty, chiropractic services, medication, work hardening and behavioral health services.

Requested Services

Work hardening program and functional capacity evaluation from 8/17/04-10/15/04.

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

Documents Submitted by Requestor:

1. Diagnostic Studies (CTs, MRIs, X-rays, EMG/NCVs) –8/1/02, 9/20/04
2. Orthopedic Evaluations – 4/16/04
3. Designated Doctor Evaluation – 9/17/04

Documents Submitted by Respondent:

1. MDR Request – 9/19/05
2. Diagnostic Studies (CTs, MRIs, X-rays, EMG/NCVs) – 3/9/02, 3/15/02, 8/1/02
3. Rehab 2112 Daily Progress Notes – 8/20/04-10/15/04
4. Case Management Records – 8/26/04-10/14/04
5. Psychology Records – 8/26/04-10/14/04
6. Functional Capacity Evaluations – 8/16/04, 8/18/05, 9/21/04, 10/11/04
7. Other Evaluations & Progress Notes – 7/15/01-7/6/04
8. Orthopedic Evaluation – 12/18/02
9. Designated Doctor Evaluations – 12/19/03, 11/15/02
10. Ben Taub General Hospital Records – 5/4/04-5/6/04

Decision

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

Rationale/Basis for Decision

The MAXIMUS chiropractor consultant indicated the patient suffered a low back strain and in the course of treating that conditional diagnosis, his doctors found aseptic necrosis in his right hip. The MAXIMUS chiropractor consultant noted the patient underwent surgery on the hip in 2004. The MAXIMUS chiropractor consultant explained that after several months, he started therapy. The MAXIMUS chiropractor consultant also explained that after a functional capacity evaluation, he was placed in a work hardening program based on the results of the functional capacity evaluation and orthopedic tests that all caused hip pain, but not back pain. The MAXIMUS chiropractor consultant also indicated he had several independent medical evaluations and was found to have resolved lumbar strain. The MAXIMUS chiropractor consultant noted the member has problems with his hip that is not related to his work injury. The MAXIMUS chiropractor consultant indicated the work hardening treated the right hip disability and not the spine. The MAXIMUS chiropractor consultant noted his pain level after 30 treatments was not changed, however he did do better on his functional capacity evaluation. The MAXIMUS chiropractor consultant explained there is no indication that the work hardening program was performed for the low back injury.

Therefore, the MAXIMUS chiropractor consultant concluded that the work hardening program and functional capacity evaluation from 8/17/04-10/15/04 were not medically necessary for treatment of the member's condition.

Sincerely,
MAXIMUS

Lisa Gebbie, MS, RN
State Appeals Department