



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 and Fee Dispute

#### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (X) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor's Name and Address: SCD Back and Joint Clinic, Ltd. 200 E 24 <sup>th</sup> Street, Suite B Bryan, Texas 77803	MDR Tracking No.: M5-05-3267-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Liberty Insurance Corporation Box 28	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

#### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: DWC-60 dispute package.

POSITION SUMMARY: The carrier denied payment for certain medical services provided to the above captioned patient. It is our position that these services were reasonable, necessary and related to the compensable injury. Appeals and follow up with the carrier have failed to resolve the dispute.

#### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to DWC-60.

POSITION SUMMARY: The compensable injury is sprain of the right knee with tear of the medial meniscus which has resolved.

#### PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
08-16-04 to 05-27-05	99212, 99211-25, 99211, 99213-52, 99213, 97110, 97112, 97150, 98943, 95851, 97530, 99080, 97124, A4595, A9150 and 73560-WP	<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.

On 10-25-05 the Requestor withdrew the fee 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 reimbursement for the services involved in this dispute and is not entitled to a refund of the paid IRO fee.

**Findings and Decision by:**

12-12-05

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date of Findings and Decision

**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.**

# Envoy Medical Systems, LP

1726 Cricket Hollow

Austin, Texas 78758

Phone 512/248-9020

Fax 512/491-5145

IRO Certificate #4599

## NOTICE OF INDEPENDENT REVIEW DECISION

December 7, 2005

Re: IRO Case # M5-05-3267 -01

Texas Department of Insurance, Division of Workers' Compensation:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) by the Texas Department of Insurance and has been authorized to perform independent reviews of medical necessity for Division of Workers' Compensation cases). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that cases be assigned to certified IROs, this case was assigned to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic, who is licensed in Texas, and who has met the requirements for the Division of Workers' Compensation Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and the injured employee, the injured employee's employer, the insurance carrier, the utilization review agent, any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

### Medical Information Reviewed

1. Table of disputed services
2. Explanation of benefits
3. Report from carrier 11/1/05
4. RME reports 12/29/04, 1/16/04, Dr. Ratliff
5. Reviews 10/11/04, 6/22/04, 2/17/04, Dr. Soto
6. Report 9/3/04
7. TWCC work status reports
8. Summary of requestor's position 10/21/05
9. SOAP notes, exam reports, work status reports, therapeutic procedures charts, Dr. Wyatt
10. Report 12/12/03, Dr. Light
11. MRI right knee report 9/30/03
12. FCE reports, Dr. Wyatt
13. Medical narrative reports, Dr. Wyatt

### History

The patient injured his right knee in \_\_\_\_, when he slipped and hit his knee on an oil rig. The patient was evaluated with x-rays and MRI. The patient saw the treating D.C. on 11/24/03 for chiropractic treatment. An EMG was performed on 12/12/03. The patient continued therapy with the D.C. Knee surgery was carried out on 3/15/04. The patient continued post-operative rehabilitation with the D.C. through 5/27/05.

### Requested Service(s)

Office visits, therapeutic exercises, neuromuscular re-education, group therapeutic procedures, chiropractic manipulative treatment, ROM measurements extremity/trunk, therapeutic activities, special reports, massage therapy, TENS supplies, Biofreeze DME, x-ray of knee AP/LAT 8/16/04 – 5/27/05

### Decision

I agree with the carrier's decision to deny the requested services.

### Rationale

A fair trial of conservative treatment prior to the surgery on 3/15/04 was medically appropriate. The records provided for this review fail to show lasting positive results; thus the surgery was necessary. Rehabilitation after the 3/15/04 surgery also would be medically necessary. The patient's post-surgical rehabilitation with the D.C. continued intermittently, but extensively, through 5/27/05 without relief of symptoms or lasting functional improvement. Notes describe several exacerbations that extended the patient's treatment, and also and experiences of the knee "giving way" resulting in increased pain and decreased function.

The D.C.'s notes are voluminous, repetitive and computer generated. The notes fail to show that the patient continued to achieve any significant lasting objective or subjective benefit. The D.C. argues that his outcome assessment measures support the necessity of continued treatment, and that the patient was responding positively to treatment. The documentation provided shows gains in strength and ROM, but these were minimal. The patient did not show functional improvement or progression towards return-to-work. After some 18 months of treatment, the patient's VAS was still as high as 6, and he was using a cane.

Through 4/20/04 the patient received 12 post-operative sessions. Records for these sessions show no relief of pain or improved function, and thus fails to show the necessity of continued failed treatment. After the 12 sessions, the patient should have been placed on a home-based exercise program.

The D.C. argues that objective improvement continued throughout the patient's treatment, which would support continued treatment. This is fine when done on a computerized machine in a controlled, supervised environment with results printed on a computer screen showing gains in strength, ROM and function. But if the patient has a VAS of 6, walks with a cane for months, and cannot return to work, the computer-generated results are not meaningful. In this case, treatment failed to relieve pain and improve function.

Therapy can be a reasonable part of a rehabilitation program following injury or a surgical procedure, but there must be demonstrable benefit to establish its medical necessity. In the absence of documented objective benefit and subjective improvement, the medical necessity of the disputed services was not shown.

This medical necessity decision by an Independent Review Organization is deemed to be a Workers' Compensation Division decision and order.

Sincerely,

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Daniel Y. Chin, for GP