



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: Pain & Recovery Clinic of North Houston 6660 Airline Drive Houston TX 77076	MDR Tracking No.: M5-05-3316-01
	Claim No.:
	Injured Worker's Name:
Respondent's Name and Address: Service Lloyds Ins c/o Harris & Harris Box 42	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DWC-60 package. Position summary as stated on the table of disputed services – all treatments and services were provided in good faith to treat the IE's compensable injuries.

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DWC-60 response. 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)
12-1-04 to 12-30-04	97110, 97112, 97140, 99212	<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

12-30-05

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.

December 15, 2005

October 14, 2005

Ms. ____

Texas Department of Insurance Division of Texas Worker's Compensation

MS48

7551 Metro Center Drive, Suite 100

Austin, Texas 78744-1609

AMENDED NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-05-3316-01

DWC #:

Injured Employee:

Requestor: Pain & Recovery Clinic of North Houston

Respondent: Service Lloyds Insurance Company c/o Harris & Harris

MAXIMUS Case #: TW05-0195

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. The TDI, Division of Workers Compensation (DWC) has assigned this case to MAXIMUS in accordance with Rule §133.308 that allows for a dispute resolution by an IRO.

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 condition and treatment options at issue in this appeal. This case was also reviewed by a practicing chiropractor on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. This physician is board certified in neurosurgery. The reviewers have met the requirements for the approved doctor list (ADL) of DWC or have been approved as an exception to the ADL requirement. A certification was signed that the reviewing providers have no known conflicts of interest between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO, was signed. In addition, the MAXIMUS physician reviewers certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 29-year old male who sustained a work related injury on _____. The patient reported that while on a ladder framing a house, he fell 15 feet onto concrete. He also reported that he was taken to the hospital where he was diagnosed with a fractured arm and facial fractures. He also reported injury to his neck and back. Diagnoses have included lumbar and cervical radiculitis, fracture of right forearm, head contusion and post-traumatic left eye vision loss. Evaluation and treatment have included physical therapy, medications, MRIs, and surgery.

Requested Services

Therapeutic exercises (97110), neuromuscular re-education (97112), manual therapy techniques (97140), and office visit (99212) from 12/1/04-12/30/04.

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

Documents Submitted by Requestor:

1. Physician Consultant Review – 9/27/05
2. Requestor's Position Statement – not dated
3. Harris County Hospital District Records – 3/2/04-3/19/04
4. Initial Office Visit & Follow-up Visits – 3/3/04-3/31/04
5. Intervertebral Motion Analysis Report – 3/3/04
6. Neurology Consultation – 3/12/05
7. Ophthalmology Records – 4/14/05
8. Work/Comp History – 4/6/04
9. Pain and Recovery Clinic Records – 4/6/04-12/30/04
10. Orthopedic Evaluation & Follow-up Visits – 5/11/04-10/14/04
11. Diagnostic Studies (CTs, MRIs, Electrophysiology) – 7/13/04-9/29/04
12. Functional Capacity Evaluation – 9/7/04
13. Physical Medicine & Rehabilitation Review – 9/14/04
14. Functional Capacity Assessment – 9/20/04
15. Work Hardening Assessment Psychosocial History – 10/6/04
16. Independent Doctor Evaluation – 11/15/04
17. Shanti Pain & Wellness Clinic Records – 11/19/04-12/10/04

Documents Submitted by Respondent:

1. Position Statement – 9/21/05
2. Orthopedic Evaluations – 9/7/04, 10/7/04
3. Physician Consultant Review – 9/27/04

Decision

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

Standard of Review

This MAXIMUS determination is based upon generally accepted standard and medical literature regarding the condition and services/supplies in the appeal.

Rationale/Basis for Decision

The MAXIMUS chiropractor consultant indicated the patient underwent months of physical therapy with no significant improvement. The MAXIMUS chiropractor consultant noted he was found to be at maximum medical improvement in October 2004. The MAXIMUS chiropractor consultant explained that his providers did not recommend continuing the same physical therapy but rather facet or epidural steroid injections. The MAXIMUS chiropractor consultant also indicated there is no documentation from the treating provider that the member's level of pain decreased or that his level of functioning improved. The MAXIMUS chiropractor consultant noted that each visit in question had a slightly different subjective complaint and the neck complaint was always at the same level. The MAXIMUS chiropractor consultant indicated that objective findings were all exactly the same and the treatment was the same at each visit. The MAXIMUS chiropractor consultant noted the therapy did not relieve symptoms and promote healing to return the patient to work. The MAXIMUS chiropractor consultant explained that the lack of documented improvement of this patient's condition 6 months after care was started for the remaining cervical radicular complaints demonstrates that the services in question were not medically necessary for treatment of the member's condition.

Therefore, the MAXIMUS chiropractor consultant concluded that the requested therapeutic exercises (97110), neuromuscular re-education (97112), manual therapy techniques (97140), and office visit (99212) from 12/1/04-12/30/04 was not medically necessary for treatment of this patient's condition.

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Sincerely,
MAXIMUS

Lisa Gebbie, MS, RN
State Appeals Department