



**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**

<b>Type of Requestor:</b> (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.:
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:  Box 42	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  
 POSITION SUMMARY: None submitted by Respondent

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

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
03-05-05 to 03-21-05	97545-WH-CA and 97546-WH-CA	<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:

10-14-05

\_\_\_\_\_  
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.**

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71  
Phone: 512-288-3300

Austin, Texas 78735  
FAX: 512-288-3356

## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M5-06-0029-01
Name of Patient:	_____
Name of URA/Payer:	Rehab 2112
Name of Provider: (ER, Hospital, or Other Facility)	Rehab 2112
Name of Physician: (Treating or Requesting)	Ngoc-Oanh Nguyen, DC

October 11, 2005

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him 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 MRT.

Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: Division of Workers' Compensation

### CLINICAL HISTORY

Records submitted for review included:

- \* MDR Request / Position Statement – Michelle Ivey, DC
- \* MRI Reports – Kenneth Lusik, DC
- \* Rehab 2112 WC/WH Daily Notes – P. Horn, MPT/M. Ivey, DC
- \* Rehab 2112 Daily Therapy Notes – P. Horn, MPT/M. Ivey, DC
- \* Psych. Group Notes – Kenneth Wise, Psy.D.
- FCE Reports – N. Nguyen, DC / M. B. Ivey, DC

- \* Job Description Report –
- \* Medical Reports – Marlon Padilla, MD
- \* X-ray Reports – Kenneth Lustik, DC
- \* Exam & Treatment Notes – Accident & Injury Chiropractic Pain Center, N. Nguyen, DC
- \* Table of Disputed Services / Explanation of Benefits – Hammerman & Gainer
- \* Peer Review Reports – Brad McKecknie, DC

Available information suggests that this patient reports experiencing an occupational accident on \_\_\_ where she fell from a school bus step injuring her left knee, back, neck, elbow and wrist. She presented initially to an Abiodun Osibamowo, MD, where she was diagnosed with cervical sprain, lumbar sprain, right wrist sprain, and left knee sprain. She was apparently given prescription medication for pain and inflammation and returned to work without restrictions on 11/29/04. The patient then presented to a chiropractor, Dr. Nguyen, on 11/30/04 where she was diagnosed with cervical sprain, thoracic sprain, lumbar sprain, disc displacement, and left knee sprain. She was taken off work again on 12/15/04 and provided with multiple sessions of active and passive therapeutic modalities. X-rays were taken and found essentially within normal limits. MRIs were also ordered for the cervical spine, lumbar spine and left knee. Findings suggest no evidence of herniated discs and the potential for left knee grade I tear of the posterior horn of the medial meniscus without tissue swelling or capsular distension. The patient was referred to Marlon Padilla, MD, on 12/03/04 suggesting acute cervical strain, thoracic strain, lumbar strain, muscle spasm, sacroillitis, right wrist and left knee sprain/strain. Multiple medications were prescribed and orthopedic surgery referral is indicated. No apparent orthopedic evaluation appears to be made. Following several weeks of physical therapy modalities with Dr. Nguyen, the patient is referred for additional physical medicine treatment with Rehab 2112. On 01/12/05 the patient is seen by another chiropractor and physical therapist and has several FCEs performed. Multiple sessions of work hardening and work conditioning treatments appear to be performed from 01/26/05 to 03/28/05.

#### REQUESTED SERVICE(S)

Determine medical necessity for work hardening program (97545-WA-CA), (97546-WH-CA) and (97546-WH-CA-59-52 additional min.) from 03/05/05 to 03/21/05.

#### DECISION

Denied.

#### RATIONALE/BASIS FOR DECISION

Medical necessity for ongoing work hardening sessions with additional time components from 03/05/05 to 03/21/05 **is not supported** by available documentation. Chiropractor's continuation of work hardening applications with ongoing functional deficits and symptom complaints without requested/indicated formal orthopedic assessment (per Dr. Padilla's recommendation), does not represent reasonable or appropriate care for these conditions. This view is supported by the medical literature listed below.

1. Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Physical Therapy, Volume 81, Number 10, October 2001.
2. Hurwitz EL, et al. The effectiveness of physical modalities among patients with low back pain randomized to chiropractic care: Findings from the UCLA Low Back Pain Study. *J Manipulative Physiol Ther* 2002; 25(1):10-20.
3. Bigos S., et. al., AHCP, Clinical Practice Guideline, Publication No. 95-0643, Public Health Service, December 1994.
4. Harris GR, Susman JL: "Managing musculoskeletal complaints with rehabilitation therapy" [Journal of Family Practice](#), Dec, 2002.
5. Schonstein E, Kenny DT, Keating J, Koes BW. Work conditioning, work hardening and functional restoration (Cochrane Review). In: *The Cochrane Library*, Issue 2, 2004. Chichester, UK: John Wiley & Sons, Ltd.

6. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Mercy Center Consensus Conference, Aspen Publishers, 1993.
7. AAOS Clinical Guideline for Knee Injury, American Academy of Orthopedic Surgeons, Rosemont, Ill, 2001.

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned individual. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced