



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

Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor's Name and Address: Richard Stephenson, D.C. 322 N. Main Street Bryan, Texas 77803	MDR Tracking No.: M5-06-0046-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Box 45	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: TWCC-60 package, CMS 1500s, explanations of benefits and medical documentation
 POSITION SUMMARY: The appropriate documentation is included in this request. The total billed is \$1,195.00 for billing from 04-12-05 to 04-29-05. The total unpaid portion is \$794.74 for billing from 04-12-05 to 04-29-05. The total due by the carrier is \$794.74 according to the Texas Medical Fee Guidelines. Please pay this bill according to the medical fee guidelines.

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to TWCC-60.
 POSITION SUMMARY: Per the table of disputed services the office will maintain its denial for services in dispute.

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
04-12-05 to 04-29-05	97032, 97035, 99213 and 97124	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$776.50
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 **\$776.50**.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by Medical Dispute Resolution.

CPT code 99080-73 date of service 04-15-05 denied with denial code "D19" (section 13-C of TWCC Form 73 is incomplete). The requestor submitted a copy of the TWCC-73 for review. Per Rule 129.5 the documentation submitted is complete. Reimbursement is recommended in the amount of **\$15.00**.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308, Rules 129.5 and 134.202(c)(1)

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 \$791.50. 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.

Findings and Decision and Order by:

Authorized Signature

10-14-05

Date of Findings and Decision and 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



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

Claimant Name:

Texas IRO # :

MDR #: M5-06-0046-01

Social Security #:

Treating Provider: Richard Stephenson, DC

Review: Chart

State: TX

Amended Date: 10/05/05

Review Data:

- Shipping Tracking Report dated 9/27/05, 1 page.
- Email From FedEx to CompPartners dated 9/27/05, 1 page.
- Notification of IRO Assignment dated 9/21/05, 1 page.
- Receipt of Request dated 9/21/05, 1 page.
- Medical Dispute Resolution Request dated 9/1/05, 2 pages. (2 copies)
- Table of Disputed Services dated 4/29/05, 4/28/05, 4/27/05, 4/22/05, 4/20/05, 4/18/05, 4/15/05, 4/13/05, 4/12/05, 2 pages. (2 copies)
- Explanation of Benefits dated 4/12/05-4/29/05, 6 pages.
- Physical Medicine Consultation dated 4/26/05, 1 page.
- Physical Medicine Consultation Follow-up Report dated 6/21/05, 1 page (2 copies).
- Fax Cover Sheet dated 9/22/05, 1 page.
- Report of Medical Evaluation dated 8/8/05, 1 page.
- MMI Evaluation dated 8/8/05, 3 pages.
- Certification of Health Care Provider dated 4/21/05, 3 pages.
- Transmission Verification Report dated 4/21/05, 1 page.
- Instructions to Patient/Emergency Room dated 4/10/05, 1 page.
- Right Shoulder MRI dated 4/20/05, 2 pages. (2 copies)
- Right Elbow MRI dated 4/20/05, 2 pages. (2 copies)
- Estimated Length of Needed Care dated 6/13/05, 1 page.
- Office Visit dated 5/31/05, 1 page.
- Authorization Letter dated 5/5/05, 1 page.
- Nerve Conduction Study dated 6/21/05, 14 pages.
- Initial Medical Narrative Report dated 4/13/05, 4 pages.
- Notice to Attend Examination dated 7/15/05, 1 page.
- Texas Workers' Compensation Work Status Reports dated 9/15/05, 9/14/05, 8/15/05, 8/12/05, 8/1/05, 7/11/05, 6/30/05, 6/13/05, 5/31/05, 5/12/05, 5/3/05, 4/29/05, 4/15/05, 4/12/05, 14 pages.

- Exam Sheet dated 4/12/05, 4 pages.

- Letter of Contents dated 9/27/05, 1 page.
- Article From TrailBlazer Health Enterprises (date unspecified), 6 pages.
- Employers First Report of Injury or Illness dated _____, 3 pages.
- Emergency Physician Record dated 4/10/05, 2 pages.
- Emergency Physician Orders dated 4/10/05, 1 page.
- Emergency Nursing Record dated 4/10/05, 2 pages.
- Office Notes dated 5/3/05, 4/29/05, 4/28/05, 4/27/05, 4/22/05, 4/20/05, 4/18/05, 4/15/05, 4/14/05, 4/13/05. 5 pages.

Reason for Assignment by TDI/DWC: Determine the medical necessity for 1) electrical stimulation, 2) ultrasound, 3) office visit and 4) massage therapy, with dates of service of 4/12/05 to 4/29/05.

Determination: REVERSED – the previous denial of 1) electrical stimulation, 2) ultrasound, 3) office visit and 4) massage therapy, with dates of service of 4/12/05 to 4/29/05.

Rationale:

Patient's age: _____

Gender: _____

Date of Injury: _____

Mechanism of Injury: When attempting to restrain a youth, an inmate and staff fell on her right arm and right shoulder.

Diagnoses: Right shoulder pain, subacromial and subdeltoid bursitis, right medial epicondylitis, brachial neuritis radiculitis and myalgia and myositis.

The patient was initially evaluated at the Marlin Emergency room where X-rays were taken of the right shoulder. The actual report of these X-rays was not made available for review. The patient then came under the care of her chiropractor on 4/13/05 who documented subjective complaints of right elbow pain, weakness and swelling, as well as right shoulder pain with right arm pain, which had radiation of pain, and weakness. Deep tendon reflexes were decreased in the right biceps and triceps, and skin sensitivity was decreased in the C6 and C8 dermatome.

The orthopedic tests, which were positive, included right Forment's test, right shoulder apprehension test, and right shoulder hyperabduction test. Restriction was noted in the right shoulder and right elbow and loss of muscle strength was noted on the right with the pectoralis major, upper trapezius, anterior deltoid, deltoid, triceps, and biceps muscles with inflammation noted in the right shoulder and right elbow. X-rays of the right elbow and shoulder, per Dr. Stephenson's office notes, were negative.

A designated doctor examination was requested and Uma Gullapalli, M.D., a physical medicine specialist, determined her not to be at maximum medical improvement on 8/8/05, due to the fact she was possibly going to require arthroscopic surgery with subacromial decompression. An MRI of the right shoulder on 4/20/05 revealed a tiny bursal surface tear of the anterior distal surface of the supraspinatus tendon as well as subdeltoid/subacromial bursitis. An MRI of the right elbow on 4/20/05 revealed mild soft tissue edema, posterior to the olecranon, and was

otherwise unremarkable. The nerve conduction latency study performed by Dr. Stephenson, D.C. on 6/21/05 was normal. The daily notes from Dr. Stephenson, D.C. begin on 4/13/05 and

indicated a pain scale grade of 8 on that date, with the aforementioned positive orthopedic tests, and the notes through 5/3/05 further indicated an 8 pain scale and unchanged objective findings. There was no indication in the documentation provided for this review of physical therapy modalities being provided prior to 4/12/05 for this ___ injury date.

The current request is to determine the medical necessity for dates of service 4/12/05 to 4/29/05 consisting of 1) electrical stimulation, 2) ultrasound, 3) office visit and 4) massage therapy. The medical necessity for a trial of care would be appropriate for this patient's then acute conditions and symptoms per TWCC rules and regulations and reference to the ACOEM Guidelines, Chapter 9 for the shoulder which indicates that these physical modalities may be useful in the initial conservative treatment of acute shoulder symptoms such as with this patient. The ACOEM Guidelines, Chapter 10, page 235 for the elbow was referenced and would indicate that if tied to signs of objective progress within two to three weeks, it may be acceptable to use these modalities as an adjunct to a program of evidenced based functional restoration. The timeframe of therapy in question was from 4/12/05 to 4/29/05 and this covers three weeks of then acute care that should be considered appropriate with regard to a trial of modalities per ACOEM Guidelines. It appeared that these modalities did not help the patient subjectively or objectively overall and should be stopped after the three weeks of trial ending 4/29/05. Additionally, the CMS Guidelines were referenced for physical medicine and rehabilitation services and would indicate that these services must be considered under accepted standards of medical practice to be a specific and effective treatment for the patient's condition, and this reviewer believes that this treatment and documentation meets that recommendation per the ACOEM Guidelines for a trial of care.

Criteria/Guidelines utilized: ACOEM Guidelines, 2nd Edition, Chapters 9 and 10.
CMS Guidelines for physical medicine, under definition of terms rehabilitation services.

Physician Reviewers Specialty: Chiropractic

Physician Reviewers Qualifications: Texas Licensed DC, BSRT, FIAMA Chiropractor and is 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.