



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:	MDR Tracking No.: M5-06-0081-01
Dr. Danny Bartel 1722 Ninth Wichita Falls, TX 76301	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:
Facility Insurance Corp, Box 19	

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include DWC 60 form, Explanations of Benefits and CMS 1500's. Position summary states, "I do know the difference between a trigger point injection and a tendon sheath injection. What was performed on this patient was a tendon sheath injection."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include Table of Disputed Services from the DWC 60 form and Explanations of Benefits. Position summary states, "The basis of the denials was a lack of medical necessity of the service in question."

PART IV: SUMMARY OF DISPUTE AND FINDINGS - Medical Necessity Services

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
11-5-04	CPT code 20550, 20550-51, J3301	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$434.35

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 prevail on the disputed medical necessity issues. The amount due the requestor for the items denied for medical necessity is \$434.35.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

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

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 carrier must refund the amount of the IRO fee (\$650.00) to the requestor within 30 days of receipt of this order. The Division has determined that the requestor is entitled to additional reimbursement in the amount of \$434.35. 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

Typed Name

11-17-05

Date of 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.



Specialty Independent Review Organization, Inc.

Amended 11/15/2005

October 26, 2005

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
DWC #:
MDR Tracking #: M5-06-0081-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor with a specialty in Neurology. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

Mr. ___ suffered a work related injury to his head and neck due to being struck by a television set, which was thrown out of window on ___. He developed a seizure disorder and optic neuropathy as a result of his injury. He has had a cervical fusion and has been under the care of Dr. D.R. Bartel for myofascial syndrome. Dr. Bartel has been treating his myofascial syndrome with repeated "tendon sheath" injections.

Documents reviewed:

1. Explanation of benefits from Forte not dated.
2. Letter addressed to whom it may concern, by D.R. Bartel, MD dated August 22, 2005.
3. Final judgement by the 250th Judicial District, Travis County, Texas signed by an administrative judge, whose name is illegible, dated June 30, 2005.
4. Office progress notes D.R. Bartel, MD dated January 15, 2001 through June 06, 2005.
5. MRI of the cervical spine dated September 17, 2002.
6. MRI of the lumbar spine dated April 26, 2000.
7. Automated spike analysis dated October 08, 2002.
8. EEG dated September 17, 2002.
9. EMG of the right upper extremity dated September 17, 2002.
10. EEG dated January 10, 2000.
11. Brain stem auditory evoke potentials dated January 10, 2000.

12. Visual evoke potentials performed on January 10, 2000.
13. Correspondence addressed to Amy Rich from the Texas Workers Compensation Commission by James Sheffield, III, Attorney at Law dated September 23, 2005.
14. Physician bill review findings, by Joels Aoelwilk, MD, Forte Insurance dated December 13, 2004.
15. Notice of reutilization of review findings, authorship unknown dated February 03, 2005.

DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of 20550 and 20550-51 injection single tendon sheath and J3301 injection triamcinolone acetonide per 10mg.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

Tendon sheath injections and other localized injections into the connective tissues are useful in the management of chronic myofascial pain disorders. The use of tendon sheath/trigger point and similar injection techniques is well accepted in the management of chronic musculoskeletal pain conditions

References:

American College of Occupational and Environmental Medicine Guidelines

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has 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.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director

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 Texas Department of Insurance, Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TDI/DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the via facsimile, U.S. Postal Service or both on this 15th day of November 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli