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: Park Cities Spine & Sports Center P. O. Box 549 Colleyville, Texas 76034	MDR Tracking No.: M5-06-0111-01 Claim No.: Injured Employee's Name:
Respondent's Name and Address: Royal Indemnity Company, Box 11	Date of Injury: Employer's Name: Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include DWC 60 form and Explanations of Benefits. Position summary states, "Should you require any additional documentations please contact us."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include DWC 60 form, Explanations of Benefits, medical documentation and CMS 1500's. No position summary was received.

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)
9-21-04 – 3-31-05	CPT code 99211	☒ Yes ☐ No	$52.50
9-21-04 – 3-31-05	CPT code 97110	☐ Yes ☒ No	0

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 majority of the disputed medical necessity issues. The amount due the requestor for the items denied for medical necessity is $52.50.

Based on review of the disputed issues within the request, the 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.

On 9-29-05 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

The carrier denied CPT Code 99080-73 on 1-19-05 and with a "V" for unnecessary medical treatment based on a peer review; however, the DWC-73 is a required report per Rule 129.5 and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter. Recommend reimbursement of $15.00.

CPT code 99070 on 2-9-05 and 2-15-05 was denied with denial code N – not appropriately documented. The requestor did not provide documentation to support delivery of services per Rule 133.307(g)(3)(A-F). No reimbursement is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 129.5, 133.307(g)(3)(A-F), 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 Division has determined that the requestor is not entitled to a refund of the paid IRO fee. The Division has determined that the requestor is entitled to reimbursement for the services involved in this dispute in the amount of $67.50. 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:

		11-21-05
Authorized Signature	Typed Name	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.

Amendment 11/15/2005

October 24, 2005

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

Patient: ___
DWC #:
MDR Tracking #: M5-06-0111-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Department of Insurance, 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 Chiropractor. 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

The records submitted for review indicate that Ms. ___ was injured on ___ while working for . She was lifting a box over her head when she felt a pop in her right shoulder. She underwent right shoulder decompression on 2/26/04 by Juan Yabraian, MD. A cubital tunnel release was performed on 8/10/04. She was treated by Greg Davidovich, DC and Frank Schneider, DC. She has been seen by multiple orthopedists and pain management specialists. She underwent a DD exam by Ronnie Shade, MD on 3/17/05 and was not placed at MMI. She underwent treatment for RSD via Neil Atlin, DO. She was placed at MMI on 7/22/05 by Jade Malay, DC with a 40% IR.

RECORDS REVIEWED

Records were received from the treating doctor/requestor and from the respondent. Records from the requestor/TD include approximately 1-½ inches of records while the records from the respondent include 1-½ inches of records and a compact disc with 638 pages of information. All of the records were reviewed regardless of mention in this report. The most relied upon records are listed hereafter: DD report by Dr. Shade, 1/5/04 TWCC 21, notes by Brian Flanagan, MD, notes by Thomas Diliberti, MD, book articles on RSD, notes by Dr. Yabraian, 8/10/04 surgical report, MRI's of the right wrist, shoulder and elbow, objective assessment paperwork, notes by Frank Schneider, DC, notes from Greg Davidovich, DC, RME reports by Hooman Sedighi, MD, peer reviews by RA Buczek, DO, DC, notes from Tony Bui, MD, TWCC 69 and report by Jade Malay, DC, various TWCC 73's, electrodiagnostic testing by Charles Crane, MD, peer review by Phillip Osborne, MD, review by Brian Buck, MD, notes from Baylor Medical Center ER, notes by John Westkaemper, MD, notes from Concentra Medical Center, notes from Diversity Counseling, right shoulder MRI of 6/1/05, notes by Fernando Mallou, MD, benefit dispute agreement of 6/3/04, 11/9/04 FCE,

4/21/05 OTR exam, notes by Michael Banta, MD, notes by Jade Malay, DC, DABCO, notes by Dallas Hand Rehabilitation, notes

by Marci Stiles, LPC, DD report by William Janes, MD, script and notes for RS4i stimulator and 2/26/04 surgical report.

DISPUTED SERVICES

The disputed services include office visits (99211) and therapeutic exercise (97110) codes from 9/21/04 through 3/31/05.

DECISION

The reviewer disagrees with the previous adverse determination regarding code 99211 on all dates of service under review.

The reviewer agrees with the previous adverse determination regarding code 97110 on all dates of service under review.

BASIS FOR THE DECISION

The treatment notes by Dr. Yabraian of 11/12/04 indicates she is to follow up with Dr. Davidovich for final disposition and return to his office on a PRN basis. According to the reviewer it appears that Dr. Yabraian didn't continue to prescribe continued rehabilitation for the shoulder and/or elbow. The reviewer indicates that the rehabilitation protocols utilized (specifically the length of care) cannot be supported by any form of Guideline that is considered appropriate. The reviewer notes that the case was well documented by Dr. Davidovich; however, the medical necessity could not be established as per TLC §408.021. The pain scale did not appreciably change, the patient did not return to work and the functional abilities of the patient did not improved during the period under review (the outcomes assessments didn't improve). Secondly, the copies of "Management of RSD" submitted by the requestor indicates on page 125, "the number one key to success in treatment of all forms of RSD is physiotherapy… physiotherapy should not be limited to 2 or 3 days per week in the PT department it should be continued at home several times per day." The notes indicate that the patient was not active at all and in fact she avoided pain at any point she could. The RSD Association's Guidelines and the IRF 3rd Edition Guidelines indicate that a patient should be educated that continued usage of the affected body parts is actually effective treatment. Guarding of the area is actually considered detrimental to the patient. Specifically, the Association states "The goal of physical therapy should be to create independence from the health care system in the shortest period". Continued rehabilitation of a guarded body part would not help the patient regardless of Dr. Davidovich's good intentions and clinical skills due to Ms. ___'s lack of at home participation and pain avoidance.

There appears to be differences of opinion from the treating/consulting doctors to the peer review/RME doctors as to whether this patient has RSD. However, this is not part of the review to determine the correct diagnosis.

It is interesting to note that the report by designated doctor R. Shade, MD indicates that the patient's two-point discrimination is within normal limits. However, the findings on page two of his report ranges from 6mm to 15mm. The Fourth Edition of the Guides (Section 3.1c, pg. 21) indicates that anything over 8mm is considered partial transverse sensory loss and greater than 15mm is considered a total sensory loss. This would appear to be a problem with the transcription of his report.

REFERENCES

International Research Foundation for RSD/CRPS. Reflex sympathetic dystrophy/complex regional pain syndrome. 3rd ed. Tampa (FL): International Research Foundation for RSD/CRPS; 2003 Jan 1.

ACOEM Guidelines

Brotzman, Wilk, Clinical Orthopaedic Rehabilitation, Mosby, 2003, Second Edition

Reed, P Medical Disability Advisor, 2003, Internet

Reflex Sympathetic Dystrophy Association's Website www.rsds.org

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

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 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