



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

<b>Type of Requestor:</b> (X) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor's Name and Address:	MDR Tracking No.: M5-06-0151-01
Main Rehab and Diagnostic 3500 Oak Lawn, Suite 380 Dallas, TX 75219	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:  Box 03	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

#### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include DWC-60 form, Explanations of Benefits, medical documentation and CMS 1500's. Position summary states, "It is clear that the treatment rendered was beneficial to the injured worker and has allowed him, to return to the workplace without reinjury, which is all too common when carriers and employers try to rush the patient's care."

#### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include DWC-60 form, Explanations of Benefits, and CMS 1500's. Position summary states, "Excessive PT per Utilization Review."

#### 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)
11-8-04 – 4-12-05	CPT codes 99211, 97110, 97150, 95831	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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:

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Typed Name

11-15-05  
\_\_\_\_\_  
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.**

November 3, 2005

TX DEPT OF INS DIV OF WC  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_\_

EMPLOYEE: \_\_\_\_

POLICY: M5-06-0151-01

CLIENT TRACKING NUMBER: M5-06-0151-01/5278

**AMENDED DECISION 11/10/05**

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Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers' Compensation has assigned the above mentioned case to MRIOA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the case in question 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). 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.

**Records Received:**

Records Received From The State:

Notification Of IRO Assignment – 2 Pages

Medical Dispute Resolution Request/Response – 4 Pages

Table Of Disputed Charges – 2 Pages

DWC-62 Explanation Of Benefits – 5 Pages

Records Received From The Requestor:

Letter From Main Rehabilitation And Diagnostic Center To MRIOA – 2 Pages

Examination: MRI Of The Right Knee Report – 2 Page

Texas Workers' Compensation Work Status Report – 8 Pages

Main Rehabilitation And Diagnostic Center SOAP Notes – 63 Pages

Main Rehabilitation And Diagnostic Center Neurological Examination – 2 Pages

DWC-69 Report Of Medical Evaluation – 1 Page

Functional Abilities Evaluation – 6 Pages

Review From Brian August, MD – 4 Pages

Duplicates From The Requestor – 3 pages

Records From Respondent:

Letter From Barron Risk Management To MRIOA – 4 Pages

Employer's First Report Of Injury Or Illness – 1 Page

Information From [www.trailblazerhealth.com](http://www.trailblazerhealth.com) - 26 Pages

MedAlert Chart Notes – 13 Pages

Work Status Report – 7 Pages

Physical Therapy Evaluation – 1 Page

MedAlert Explanation Of Medical Necessity – 3 Pages

MedAlert Physical Therapy Progress Notes – 4 Pages

Chart Notes From Dr. Prager – 4 Pages

Initial Consultation From Dr. Prager – 2 Pages

Texas Worker's Compensation Work Status Report – 5 Pages

CompManagement Incorporated Pre-Authorization – 1 Page

Employee's Request To Change Treating Doctors – 2 Pages

Baylor Medical Center At Grapevine Hospital Stay Form – 1 Page

Baylor Medical Center At Grapevine Disclosure And Consent For Medical Surgical Procedure – 1 Page

Baylor Medical Center At Grapevine Operative Report – 2 Pages  
Baylor Medical Center At Grapevine Anesthesia Record – 1 Page  
Surgery Scheduling – 1 Page  
Physician's Durable Medical The Evolution Of Post-Operative Pain Management – 1 Page  
Orthopedic Institute Of Texas Progress Report – 1 Page  
Surgery Follow-Up Visit – 1 Page  
Functional Abilities Evaluation – 2 Pages  
Duplicates From Respondent – 88 Pages

**Summary of Treatment/Case History:**

The patient, a 30-year-old male, was getting on a forklift on \_\_\_ when his foot slipped and he hit his knee on the machine, resulting in a bruise to the knee. The patient was initially treated at MedAlert with medications and a knee brace and he was diagnosed with patellar tendonitis. He was placed on light duty and he was referred for physical therapy on 6/28/04. He underwent a physical therapy evaluation on 6/29/04 and he was treated on 3 occasions from 7/2/04 to 7/9/04. The physical therapy records reported progress over the week of therapy. The patient continued treatments with medications and he worked at light duty through mid-August 2004. He was referred to Bruce Prager MD on 8/13/04 and he was diagnosed with patellar tendonitis and medial meniscal pathology, as the patient's 7/30/04 MRI of the right knee demonstrated a tear of the posterior horn of the medial meniscus and chondromalacia patella. Arthroscopic surgery was recommended and the patient underwent surgical intervention on 8/31/04.

The patient also changed treating doctors to Osler Kamath DC on 9/8/04. Records from Dr. Kamath's office revealed that the patient began a course of treatment at his office on 8/26/04 prior to his knee surgery. He was also seen on 8/27/04. The patient underwent the surgery and returned to the chiropractor for treatment and was seen on the following dates (post-operative therapy began on 9/15/04): 9/3/04, 9/8/04, 9/15/04, 9/16/04, 9/17/04, 9/21/04, 9/23/04, 9/24/04, 9/28/04, 9/29/04, 9/30/04, 10/5/04, 10/6/04, 10/7/04, 10/8/04, 10/12/04, 10/13/04, 10/14/04, 10/18/04, 10/19/04, 10/20/04, 10/21/04, 10/26/04, 10/27/04, 10/28/04, 10/29/04, 11/2/04, 11/3/04, 11/4/04, 11/8/04, 11/9/04, 11/10/04, 11/11/04, 11/15/04, 11/16/04, 11/17/04, 11/19/04, 11/22/04, 11/23/04, 11/24/04, 11/29/04, 11/30/04, 12/1/04, 12/3/04, 12/6/04, 12/8/04, 12/30/04, 1/20/05, 3/16/05, and 4/12/05.

Dr. Prager re-examined the patient on 9/30/04 and the examination revealed the patient was doing better and his pain was reduced. Orthopedic stress testing was negative and ranges of motion were full. Dr. Prager released the patient to return to work at full duty as of 10/11/04, however, the chiropractor kept the patient off work through 12/13/04, when the patient was returned to work with restrictions for squatting at work.

The patient underwent range of motion studies with the chiropractor (#95831) on 10/19/04 and 11/30/04, and he underwent a strength assessment of the right knee on 12/6/04. The patient underwent an impairment rating evaluation with the chiropractor on 12/10/04 and he was certified at MMI with 4% permanent impairment.

**Questions for Review:**

Office visits (#99211), therapeutic exercises (#97110), therapeutic procedures (#97150), and muscle testing, extremity (#95831) for DOS 11/8/04 through 04/12/05.

**Explanation of Findings:**

Office visits (#99211), therapeutic exercises (#97110), therapeutic procedures (#97150), and muscle testing, extremity (#95831) for DOS 11/8/04 through 04/12/05.

The office visits (#99211), therapeutic exercises (#97110), therapeutic procedures (#97150), and muscle testing studies (#95831) were not clinically justified from 11/8/04 through 4/12/05. The patient was evaluated by his orthopedic surgeon on 9/30/04 and the examination revealed the patient was doing better and his pain was reduced. Orthopedic stress testing was negative and ranges of motion were full. Dr. Prager released the patient to return to work at full duty as of 10/11/04, however, the chiropractor kept the patient off work through 12/13/04, when the patient was returned to work with restrictions for squatting at work. The records reviewed did not provide clinical justification for the additional treatment after 11/8/04. The patient underwent 29 office visits/treatments prior to 11/8/04 and the review of the records provided no substantive evidence that treatments rendered after 11/8/04 resulted in any additional substantive clinical benefit to the patient.

MedRisk data indicates that uncomplicated knee problems treated surgically require no more than 16 physical therapy visits over the course of 8 weeks (Expert Clinical Benchmarks, Lower extremity, King of Prussia, PA, MedRisk, Inc. 2004).

Current literature indicates that home-based rehabilitation programs are as effective as extensive outpatient knee rehabilitation programs. A randomized controlled trial published in 2003 compared the home-based rehabilitation programs with weekly phone monitoring to a more intensive outpatient clinic based program involving up to 20-24 visits. All of the patients in the study were uncomplicated and patients were followed up to 52 weeks. The study revealed that there was no advantage to the more intensive program over the simple home-based program (Kramer, JF, et al, "Comparison of clinic and home-based rehabilitation after total knee arthroplasty", Clinical Orthopedics and Related Research, 2003; (410): 225-234)

The Milliman Ambulatory Care Guidelines indicate that 4-8 visits over a course of six weeks is sufficient for management of knee pain (Orthopedic Rehabilitation: Knee, Milliman Care Guidelines, Ambulatory Care, 9th Edition)

**Conclusion/Decision to Not Certify:**

The office visits (#99211), therapeutic exercises (#97110), therapeutic procedures (#97150), and muscle testing studies (#95831) were not clinically justified from 11/8/04 through 4/12/05.

**Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision:**

Expert Clinical Benchmarks, Lower extremity, King of Prussia, PA, MedRisk, Inc. 2004).

**References Used in Support of Decision:**

1. Kramer, JF, et al, "Comparison of clinic and home-based rehabilitation after total knee arthroplasty", Clinical Orthopedics and Related Research, 2003; (410): 225-234
2. Orthopedic Rehabilitation: Knee, Milliman Care Guidelines, Ambulatory Care, 9th Edition

This review was provided by a Doctor of Chiropractic who is also a member of the American Chiropractic Academy of Neurology. This reviewer also holds a certification in Acupuncture. This reviewer has fulfilled both academic and clinical appointments and currently serves as an assistant professor at a state college, is in private practice and is a director of chiropractic services. This reviewer has previously served as a director, dean, instructor, assistant professor, and teaching assistant at a state college and was responsible for course studies consisting of pediatric and geriatric diagnosis, palpation, adjusting, physical therapy, case management, and chiropractic principles. This reviewer is responsible for multiple postgraduate seminars on various topics relating to chiropractics and has authored numerous publications. This reviewer has participated in numerous related professional activities including work groups, committees, consulting, national healthcare advisory committees, seminars, National Chiropractic Coalition, media appearances, and industrial consulting. This reviewer has been in practice since 1986.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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