



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

PART I: GENERAL INFORMATION

Requestor's Name and Address: Rehab 2112 P. O. Box 671342 Dallas, TX 75267	MDR Tracking No.: M5-06-0216-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: American Home Assurance Company, Box 19	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 paper (Table of Disputed Services) states, "Services were medically necessary."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include DWC-60 form, CMS 1500's and Explanations of Benefits. Position paper states, "No further payment was recommended."

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)
9-30-04 – 10-20-04	Work Hardening Program	<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:

Donna Auby

12-07-05

Authorized Signature

Typed Name

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 15, 2005

TDI, Division of Workers' Compensation
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-06-0216-01
DWC#:
Injured Employee: _____
DOI: _____
SS#: _____
IRO Certificate No.: IRO 5055

Dear Ms. ____:

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in chiropractic, and is currently on the DWC Approved Doctor List.

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.

Sincerely,

Gilbert Prud'homme
General Counsel
GP:dd

REVIEWER'S REPORT M5-06-0216-01

Information Provided for Review:
DWC-60, Table of Disputed Services, EOB's
Information provided by Requestor:
Correspondence

Office Notes 07/02/04 – 12/13/04
PT Notes 08/31/04 – 10/20/04
Functional Capacity Eval 08/26/04 – 10/21/04
Electrodiagnostic Study 07/27/04
Radiology 07/09/04

Information provided by Respondent:

Correspondence

Neuro-Surgeon:

Office Visit 08/18/04

Clinical History:

Patient is 35-year-old female stocker for a major national retail chain who, on ____, attempted to stop a box from falling when she injured her lower back. She was initially seen by the company doctor who prescribed medication, but on 7/2/04, she presented herself to a doctor of chiropractic for physical therapy and rehabilitation. When a subsequent functional capacity evaluation revealed a deficit, she was placed into a work hardening program.

Disputed Services:

Retrospective work hardening program (97545-WH-CA and 97546-WH-CA) for dates of service 9/30/04 through 10/20/04.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion the services in dispute as listed above were not medically necessary in this case.

Rationale:

According to the medical records in this case, lumbar flexion, extension, left rotation, right rotation, left lateral flexion and right lateral flexion were recorded at 50, 20, 20, 25, 20 and 20, respectively (compared to 90, 30, 30, 30, 25 and 25 as normal). By 7/20/04, the recorded range of motion values (with the same parameters) were 75, 25, 25, 25, 20 and 20. By the reexamination performed on 8/9/04, lumbar range of motion values were full, with minimal pain produced on flexion and extension only. On 9/8/04, lumbar range of motion was recorded as full, all directions, without pain, indicating that the patient was progressing well with the less aggressive treatment plan.

Therefore, it is unclear why the treating doctor suddenly shifted the patient from a therapeutic treatment protocol that was proving effective into a much more aggressive work hardening program, and only 80 days after the initiation of treatment, particularly when current medical literature states, "...there is no strong evidence for the effectiveness of supervised training as compared to home exercises. There is also no strong evidence for the effectiveness of multidisciplinary rehabilitation as compared to usual care."¹ The literature further states "...that there appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities..."² Furthermore, a systematic review of the literature for a multidisciplinary approach to chronic pain found only 2 controlled trials of approximately 100 patients with no difference found at 12-month and 24-month follow-up when multidisciplinary team approach was compared with traditional care.³ Based on those studies, and the fact that the records demonstrated that a less intensive regimen was proving beneficial, the work-hardening program was not medically necessary even with a demonstrated deficiency on functional capacity evaluation. In all likelihood, the patient would have made the same recovery with additional utilization of the less aggressive protocol and more time.

1 Ostelo RW, de Vet HC, Waddell G, Kerchhoffs MR, Leffers P, van Tulder M, Rehabilitation following first-time lumbar disc surgery: a systematic review within the framework of the cochrane collaboration. Spine. 2003 Feb 1;28(3):209-18.

2 Karjalainen K, Malmivaara A, van Tulder M, Roine R, Jauhiainen M, Hurri H, Koes B. Multidisciplinary biopsychosocial rehabilitation for neck and shoulder pain among working age adults. Cochrane Database Syst Rev. 2003;(2):CD002194.

3 Karjalainen K, et al. Multidisciplinary rehabilitation for fibromyalgia and musculoskeletal pain in working age adults. Cochrane Database of Systematic Reviews 2000;2.