



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.: M5-06-0296-01
<b>David M Griffith DC</b> <b>30525 Quinn Rd #A</b> <b>Tomball TX 77375</b>	Claim No.:
	Injured Worker's Name:
	Date of Injury:
Respondent's Name and Address:	Employer's Name:
	Insurance Carrier's No.:
<b>Texas Mutual Insurance Box 54</b>	

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

DWC-60 package. Position summary as stated on the table of disputed services: Treatment was reasonable, necessary and effective.

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

Response to DWC-60 package.

#### PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
2-28-05 TO 4-6-05	97110, 97112, 99213, 99080-73	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$1,883.64
2-28-05 TO 4-6-05	99212, 97140	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
	<b>TOTAL</b>		<b>\$1,883.64</b>

#### 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 majority of the disputed medical necessity issues.

#### PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308, 134.202

**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 \$1,883.64. 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.

Ordered by:

\_\_\_\_\_, Medical Dispute Officer

12-16-05

\_\_\_\_\_  
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.**

# P-IRO

An Independent Review Organization  
7626 Parkview Circle  
Austin, Texas 78731  
**Phone: 512-346-5040**  
**Fax: 512-692-2924**

Amended December 6, 2005  
December 1, 2005

TDI-DWC Medical Dispute Resolution  
Fax: (512) 804-4868

Delivered via Fax

Patient / Injured Employee \_\_\_\_\_  
TDI-DWC # \_\_\_\_\_  
MDR Tracking #: M5-06-0296-01  
IRO #: 5312

P-IRO, Inc. has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Worker's Compensation (DWC) has assigned this case to P-IRO for independent review in accordance with DWC Rule 133.308 which allows for medical dispute resolution by an IRO.

P-IRO has performed an independent review of the proposed care 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Provider board certified and specialized in Chiropractic Care. The reviewer is on the DWC Approved Doctor List (ADL). The P-IRO Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer 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 carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

## RECORDS REVIEWED

Notification of IRO assignment, information provided by The Requestor, Respondent, and Treating Doctor(s), including: explanation of benefits, daily notes from David Griffith DC, MR Right Shoulder, operative report and follow-up reports from Dennis Gutzman MD.

## CLINICAL HISTORY

This Patient was injured on \_\_\_ while performing work related functions. The Patient was employed by and was on the last step of a ladder, slipped and fell backwards landing against a metal edge of a light cover. This sliced the underneath side of his right shoulder as it was in a hyperflexed and hyperabducted position. The Patient was taken to Nix Emergency Room, and the surgeon closed the wound on the underneath surface of the arm and sowed the right triceps muscle back together.

## DISPUTED SERVICE (S)

Under dispute is the Retrospective medical necessity of office visits (99212, 99213), therapeutic exercise (97110), neuromuscular re-education (97112), manual therapy technique (97140), DWC-73 form (99080-73), from dates of service 2/28/2005 to 4/6/2005.

## DETERMINATION / DECISION

The Reviewer partially agrees with the determination of the insurance carrier. The Reviewer agrees with insurance carrier on office visits – 99212, and manual therapy technique – 97140 for dates of service 2/28/2005 to 4/6/2005. The Reviewer disagrees with the insurance carrier on office visits – 99213, therapeutic exercise – 97110, neuromuscular re-education – 97112, TWC-73 form – 99080-73 for dates of service 2/28/2005 to 4/6/2005.

## RATIONALE/BASIS FOR THE DECISION

The services that were performed, therapeutic exercise, neuromuscular re-education office visit –99213, DWC-73 form, are considered reasonable and necessary as outlined by the *Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters*. The treatment is reasonable and necessary due to the post surgical recovery and to progress The Patient into a work conditioning/work hardening program in order to have a positive outcome. Office visits such as the 99213, is necessary to evaluate the progress and condition of The Patient in order to move The Patient into the next phase of care. The DWC-73 forms are reasonable to update the Division and the insurance carrier of The Patient's progress and/or limitations. The office visits 99212 are not reasonable or necessary. The manual therapy technique should be considered redundant for the therapeutic exercise code. Any manual therapy would be addressed during the therapeutic exercise or neuromuscular re-education treatment.

### Screening Criteria

1. Specific:

Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

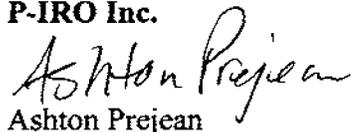
## CERTIFICATION BY OFFICER

P-IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. P-IRO has made no determinations regarding benefits available under the injured employee's policy.

As an officer of P-IRO Inc., I certify that there is no known conflict between the Reviewer, P-IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

P-IRO is forwarding by mail or facsimile, a copy of this finding to the DWC.

Sincerely,  
P-IRO Inc.



Ashton Prejean

President & Chief Resolutions Officer

## 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.

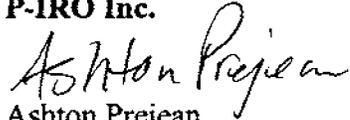
The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

I hereby certify, in accordance with DWC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to DWC via facsimile on this 1<sup>st</sup> day of December, 2005.

Name and Signature of P-IRO Representative:

Sincerely,

**P-IRO Inc.**



Ashton Prejean

**President & Chief Resolutions Officer**