



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

Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor's Name and Address:	MDR Tracking No.: M5-06-0372-01
Patrick RE Davis DC 115 W. Wheatland Rd Suite 101 Duncanville TX 75116	Claim No.:
	Injured Worker's Name:
	Date of Injury:
Respondent's Name and Address:	Employer's Name:
	Insurance Carrier's No.:
Rockwell Collins Inc c/o Rep Box 02	

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DWC-60 package. Position Summary: Documentation supports medical necessity

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Response to DWC-60 package. Position Summary: The issue of medical necessity is now being raised for 19 additional separate sessions from 10-15-04 to 11-24-04.

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
10-18-04 to 11-24-04	98940 \$32.45 x 18 days = \$584.10	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$584.10
	97110 \$35.69 x 15 units = \$535.35	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$535.35
	97530 \$36.11 x 56 units = \$2,022.16	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$2,022.16
	97112, 97140, 97116	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
Total			\$3,141.61

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 \$3,141.61.

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

2-8-06

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.



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:
IRO CASE NUMBER: M5-06-0372-01
NAME OF REQUESTOR: Patrick R.E. Davis, D.C.
NAME OF PROVIDER: Patrick R.E. Davis, D.C.
REVIEWED BY: Licensed by the Texas State Board of Chiropractic Examiners
IRO CERTIFICATION NO.: IRO 5288
DATE OF REPORT: 12/19/05 (REVISED 01/09/06)

Dear Dr. Davis:

Professional Associates has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5288). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Professional Associates for an independent review. The reviewing physician selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal. determination, and any documentation and written information submitted in support of the appeal.

This case was reviewed by a physician reviewer who is Licensed in the area of Chiropractics and is currently listed on the DWC Approved Doctor List.

I am the Secretary and General Counsel of Professional Associates and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him the provider, 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.

REVIEWER REPORT

Information Provided for Review:

An EMG/NCV study interpreted by R. Frank Morrison, M.D. dated 08/25/04
Procedure notes from Ved V. Aggarwal, M.D. dated 10/14/04 and 11/03/04
Evaluations with Kris Wilson, D.C. and Patrick R.E. Davis, D.C. dated 10/15/04, 11/05/04, and 11/24/04
Chiropractic therapy with Dr. Wilson and Dr. Davis dated 10/15/04, 10/18/04, 10/20/04, 10/22/04, 10/25/04, 10/27/04, 10/29/04, 11/01/04, 11/02/04, 11/05/04, 11/08/04, 11/10/04, 11/12/04, 11/15/04, 11/17/04, 11/19/04, 11/22/04, 11/23/04, and 11/24/04

Clinical History Summarized:

An EMG/NCV study interpreted by Dr. Morrison on 08/25/04 revealed L5 radiculopathy. Lumbar ESIs were performed by Dr. Aggarwal on 10/14/04 and 11/03/04. On 10/15/04 and 11/05/04, Dr. Wilson and Dr. Davis recommended post-injection therapy three times a week for three to four weeks. Chiropractic therapy was performed with Dr. Wilson and Dr. Davis from 10/15/04 through 11/24/04 for a total of 19 sessions.

Disputed Services:

Chiropractic manipulative treatment, therapeutic exercises, neuromuscular reeducation, manual therapy technique, gait training, and therapeutic exercises from 10/18/04 through 11/24/04

Decision:

I am in partial agreement with the requestor. Chiropractic manipulative treatment (code 98940) together with therapeutic exercises (code 97110) on 10/18/04, 10/20/04, 10/22/04, and 10/25/04, together with therapeutic procedures (code 97530) on 10/27/04 and 10/29/04 would be considered reasonable and medically necessary. In addition, chiropractic manipulative treatment (code 98940) together with therapeutic procedure (code 97530) would also be reasonable and medically necessary for the period from 11/01/04 through 11/17/04. All other services to include manual therapy technique (code 97140), neuromuscular reeducation (code 97112), gait training (code 97116) would not be considered reasonable or medically necessary during the period in question from 10/18/04 through 11/24/04.

Rationale/Basis for Decision:

Based upon review of the records provided, in my opinion, the documentation did support the treatment to include chiropractic manipulative treatment and therapeutic exercises or therapeutic procedures for a total of six visits following the first ESI, which was performed on 10/14/04. This would also have been appropriate for an additional six visits following the second ESI, which was performed on 11/03/04. In accordance with the *ODG Guidelines*, it should be noted that the purpose of ESI would be to reduce pain and inflammation, and thereby restore range of motion and facilitate progress in a more active treatment program. The ESIs provide sufficient pain relief to allow the patient to progress with a rehabilitative program. Records indicate that the employee's date of injury was _____ and the employee began chiropractic treatment on or about 06/04/04. It appeared the patient had undergone approximately four months of chiropractic treatment prior to the first ESI, which occurred on 10/14/04. Based upon the appropriate documentation and treatment guidelines, the continued use of passive therapy would not be considered reasonable and medically necessary. Furthermore, it was noted that the daily progress notes did not specify or support the medical necessity of procedures such as manual therapy technique, neuromuscular reeducation, or gait training.

In conclusion, it would be reasonable and medically necessary to continue with active therapy, to include chiropractic manipulative treatment and either therapeutic exercises or therapeutic procedures for six visits following each of the ESIs, which occurred on 10/14/04 and 11/03/04.

The rationale for the opinions stated in this report are based on clinical experience and standards of care in the area as well as broadly accepted literature which includes numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician consulting for Professional Associates is deemed to be a Division decision and order.

YOUR RIGHT TO REQUEST A HEARING

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. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
P. O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization's decision was sent to DWC via facsimile or U.S. Postal Service on 01/09/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel