



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: Rehab 2112 PO Box 671342 Dallas TX 75267-1342	MDR Tracking No.: M5-06-0465-01
	Claim No.:
	Injured Worker's Name:
Respondent's Name and Address: c/o Harris & Harris Box 42	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DWC-60 package. Position summary: Services are medically necessary.

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Response to DWC-60 package. Position summary: None submitted.

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
3-2-05 to 4-5-05	97545-WH-CA and 97546-WH-CA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00

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 reimbursement for the services involved in this dispute and is not entitled to a refund of the paid IRO fee.

Findings and Decision by:

Medical Dispute Officer

1-9-06

Authorized Signature

Typed Name

Date

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: M5-06-0465-01
NAME OF REQUESTOR: Rehab 2112
NAME OF PROVIDER: Ngoc Oanh Nguyen, D.C.
REVIEWED BY: Licensed by the Texas State Board of Chiropractic Examiners
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 01/05/06

Dear Rehab 2112:

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:

Evaluations with Ramesh Sanghani, D.C. dated 11/09/04, 11/29/04, 12/22/04, 01/12/05, 02/26/05, 03/08/05, 03/18/05, 03/21/05, 03/28/05, 04/06/05, 04/11/05, 04/27/05, 05/03/05, 05/17/05, and 06/03/05

An x-ray of the right hand interpreted by Kenneth Lustik, D.C. dated 11/12/04

Chiropractic treatment with Dr. Sanghani/Ngoc-Oanh Nguyen, D.C. dated 11/10/04, 11/11/04, 11/12/04, 11/13/04, 11/17/04, 11/18/04, 11/19/04, 11/20/04, 11/22/04, 11/23/04, 11/24/04, 11/26/04, 12/01/04, 12/02/04, 12/03/04, 12/07/04, 12/09/04, 12/10/04, 12/11/04, 12/14/04, 12/16/04, 12/17/04, 12/18/04, 12/27/04, 12/21/04, 01/03/05, 01/24/05, 01/31/05, 02/07/05, and 02/15/05

A CT scan of the right hand interpreted by Frank Sabatelli, M.D. dated 11/30/04

An MRI of the right hand interpreted by Dr. Sabatelli on 12/09/04
An evaluation with P. Horn, M.P.T. at Rehab 2112 dated 12/29/04
Physical therapy with therapist Horn dated 01/03/05, 01/05/05, 01/07/05, 01/10/05, 01/12/05, and 01/14/05
A psychological evaluation with Kenneth F. Wise, Psy.D. dated 01/10/05
Functional Capacity Evaluations (FCEs) with Michelle B. Ivey, D.C. dated 01/20/05, 02/16/05, 03/10/05, and 04/06/05
An evaluation with Michael E. Muncy, D.O. dated 02/07/05
TWCC-73 forms from Dr. Nguyen dated 02/07/05 and 04/08/05
Work hardening notes from Mr. Wise, Therapist Horn, and Dr. Ivey dated 02/16/05, 02/17/05, 02/18/05, 02/19/05, 02/21/05, 02/22/05, 02/23/05, 02/24/05, 02/25/05, 02/28/05, 03/01/05, 03/02/05, 03/03/05, 03/04/05, 03/07/05, 03/08/05, 03/09/05, 03/10/05, 03/11/05, 03/14/05, 03/15/05, 03/16/05, 03/17/05, 03/18/05, 03/21/05, 03/22/05, 03/23/05, 03/28/05, 03/29/05, 03/30/05, 03/31/05, 04/01/05, 04/04/05, and 04/05/05
A letter from Marsha A. Lee, Workers' Compensation Coordinator, dated 03/11/05
Evaluations with James E. Laughlin, D.O. dated 05/03/05 and 05/17/05
A letter from Robert F. Josey, at Harris & Harris Attorneys at Law, dated 12/02/05

Clinical History Summarized:

On 11/09/04, Dr. Sanghani recommended chiropractic therapy, a CT scan of the right hand, and x-rays. Chiropractic therapy was performed with Dr. Sanghani/Dr. Nguyen from 11/10/04 through 02/15/05 for a total of 31 sessions. X-rays of the right hand interpreted by Dr. Lustik on 11/12/04 revealed an old fracture of the fifth metacarpal. A CT scan of the right hand interpreted by Dr. Sabatelli on 11/30/04 revealed mild dorsal rotary subluxation of the ulna at the radioulnar joint, possibly representing distal radioulnar dorsal or volar ligament disruption. There was also soft tissue contusion in the second and third digits. Physical therapy was performed with Therapist Horn from 01/03/05 through 01/14/05 for a total of six sessions. Mr. Wise recommended a work hardening program on 01/10/05. An FCE with Dr. Ivey on 01/20/05 revealed the claimant could function in the sedentary physical demand level.

On 02/07/05, Dr. Muncy recommended continued physical therapy. Another FCE with Dr. Ivey on 02/16/05 indicated the claimant could work at the light medium physical demand level. Work hardening was performed with Mr. Wise, Therapist Horn, and Dr. Ivey from 02/16/05 through 04/05/05 for a total of 34 sessions. Another FCE with Dr. Ivey on 03/10/05 indicated the claimant could function at the light physical demand level. A final FCE was performed with Dr. Ivey on 04/06/05 and the claimant could now function in the light medium physical demand level. On 05/03/05, Dr. Laughlin recommended a steroid injection to the right hand, which was performed on 05/17/05. Mr. Josey, from Harris & Harris Attorneys at Law, wrote a letter on 12/02/05 stating the work hardening program was not reasonable or necessary.

Disputed Services:

A work hardening program from 03/02/05 through 04/05/05

Decision:

I disagree with the requestor. The work hardening program from 03/02/05 through 04/05/05 was neither reasonable nor necessary.

Rationale/Basis for Decision:

The claimant injured his right hand on _____. He received treatment to the hand from November of 2004 to January of 2005. The claimant was referred for an FCE on 02/16/05, which showed he was functioning at the light medium physical demand level. His job requires only a light demand level. In addition, the claimant was evaluated on 01/10/05 by a psychologist. The report is a checklist with symptoms checked that include worry, absence coping skills, sleep disturbance, ADL difficulty, high pain level, and dependent coping. However, the medial records state that there was no clinical evaluation or interview with the claimant, only review of questionnaires, checklists, and a survey. There is no actual narrative report from the psychologist, which gives specific reasoning behind his assessment that, because of the answers the claimant put on these questionnaires and surveys, his ability to return to work was being affected due to his mental state. According to the American Physical Therapy Association's guidelines for work hardening programs, to be eligible for work hardening the patient must have identified physical, functional, behavioral, and vocational deficits. As stated before, an interpretation of questions from a survey and a questionnaire is not enough evidence that the claimant had behavioral deficits, which would preclude him from returning to work.

In addition, the claimant did not have any functional or vocational deficits due to the fact his FCE showed that he was functioning beyond the demand needed for his job. In short, the work_hardening program from 03/02/05 to 04/05/05 was not medically necessary to treat this claimant.

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 01/05/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel