



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:	MDR Tracking No.: M5-06-0484-01
Buena Vista Workskills 5445 La Sierra Dr. #204 Dallas, Texas 75231	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
Christus Health, Box 17	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC 60 package. Position summary states, "It is our position that the carrier has established an unfair and unreasonable time frame in paying the services that were medically necessary and rendered to the injured worker."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC 60 response. Position summary states, "The respondent requests that a Findings and Decision be entered finding that no additional payment is due for any dates of service."

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)
4-18-05 – 5-13-05	CPT codes 97545-WHCA and 97546-WHCA	<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.

Based on review of the disputed issues within the request, the Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by Medical Dispute Resolution.

On 12-14-05 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

CPT code 90806 on 4-18-05 and 5-13-05 was denied by the carrier as "111-non-contracted provider." The requestor states that it is not a contract provider of insurance. Per the 2002 MFG this service "is considered by Medicare to be a component procedure of CPT code 90880 which was billed on this date. The services represented by the code combination will not be paid separately." Recommend no reimbursement.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308 and 134.202(c)(1).

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

1-3-06

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.



Specialty Independent Review Organization, Inc.

December 29, 2005

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ____
DWC #: ____
MDR Tracking #: M5-06-0484-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered 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.

This case was reviewed by a licensed Chiropractor. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

____ was injured on ____ while working for Christus Health. She was injured while carrying some bags up a set of stairs while performing the normal course and scope of her employment. According to the records supplied by the requestor, an MRI revealed facet arthrosis at L4/L5, DDD and facet arthrosis at L5/S1. An EMG was performed and interpreted as abnormal in April of 2003. She underwent a CPM program via Hill Country Behavioral Medicine and Pain Management in early 2004. She underwent spinal surgery in November of 2004.

RECORDS REVIEWED

Records were received from the requestor and from the respondent. No records were received from the treating doctor. Records from the respondent include a peer review report by RA Buczek, DO, DC dated 4/2/04.

Records from the requestor include the following: 2/17/05 behavioral medicine consultation re-evaluation by Hill Country, 2/17/05 addendum to report of E. Keller, RN, LPC and P Bohart, MS, CRC, LPC, 4/18/05 and 5/13/05 individual psychotherapy notes, WH progress notes from 5/4/05 through 5/12/05, work hardening daily flow sheets from 5/3/05 through 5/12/05, group psychotherapy note of 5/6/05, massage therapy note of 5/12/05, 5/5/05-6/29/05 treatment notes by Donald Dutra, MD and 6/29/05 PPE.

DISPUTED SERVICES

The disputed services include a work hardening program from 4/18/05 through 5/13/05.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer indicates that there was a lack of documentation of the full program that was to be reviewed. Specifically, daily progress records from 4/18/05 through 5/3/05 were totally absent. The records from 5/4/05 through 5/12/05 were sketchy and the records of 5/13/05 were absent. Next, the records leading up to the necessity of this program such as an FCE/PPE and treatment notes prior to this time period would have been helpful. The records indicate that the patient's pain scale did not improve during this program and she did not improve functionally as her PDL did not change.

According to Saunders, entrance criteria for a work hardening program include the following: 1) client is unable to return to previous levels of employment because of pain or dysfunction 2) there is a reasonably good prognosis for improved employment as a result of WH 3) patient has a clear job oriented goal 4) the goal is attainable in 6-8 weeks 5) client does not have a psychological diagnosis that interferes with this progress 6) WH is not medically contraindicated. The reviewer states that this patient does not meet criteria numbers 2, 3, 4 and 5. The lady has not improved through physical medicine, she does not note a clear job oriented goal, the goal does not appear to be attainable in the short term and she does appear to have some form of psychological or symptom magnification syndromes that are limiting her ability to obtain functional improvement at this point.

REFERENCES

Saunders, R Industrial Rehabilitation, Techniques for Success, 1995 The Saunders Group. pp 20-1.

Texas Labor Code 408.021

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that 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.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director

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,

Wendy Perelli, CEO

I hereby certify, in accordance with TDI/DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the via facsimile, U.S. Postal Service or both on this 29th day of December 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli