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: Nestor Martinez, D.C. 6660 Airline Drive Houston, TX 77076	MDR Tracking No.: M5-06-0558-01 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 package. Position Summary states, "Attached are two copies of the DWC-60 and documentation."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include DWC-60 response. Position Summary 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)
4-26-05 – 5-17-05	CPT code 99212 ($49.41 X 8 DOS)	☒ Yes ☐ No	$395.28
4-26-05 – 5-17-05	CPT code 97110 ($35.86 X 27 units)	☒ Yes ☐ No	$968.22
4-26-05 – 5-17-05	CPT code 97140 ($33.94 X 9 DOS)	☒ Yes ☐ No	$305.46
4-26-05 – 5-17-05	CPT code 97112 ($37.78 X 9 DOS)	☒ Yes ☐ No	$340.02
5-18-05 - 7-7-05	CPT code, 99212, 97110, 97140, 97112	☐ Yes ☒ 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 majority of the disputed medical necessity issues. The amount owed the requestor for the medical necessity issues is $2008.98.

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 requestor is not due a refund the amount of the IRO fee. The Division has determined that the requestor is entitled to reimbursement in the amount of $2008.98. 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.

Findings and Decision by:

	Donna Auby	1-9-06
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.

January 3, 2006

Texas Department of Insurance Division of Texas Worker's Compensation
MS48
7551 Metro Center Drive, Suite 100
Austin, Texas 78744-1609

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-06-0558-01
DWC #:
Injured Employee: ___
Requestor: Nestor Martinez, DC
Respondent: American Home Assurance c/o ARCMI
MAXIMUS Case #: TW05-0244

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. The TDI, Division of Workers Compensation (DWC) has assigned this case to MAXIMUS in accordance with Rule §133.308 that allows for a dispute resolution by an IRO.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician who is board certified in physical medicine and rehabilitation on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the approved doctor list (ADL) of DWC or has been approved as an exception to the ADL requirement. A certification was signed 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, was signed. In addition, the MAXIMUS physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns an adult female who sustained a work related injury on ___. The patient reported that while lifting heavy loads as a stacker/sales person, she developed left wrist pain that gradually worsened. Evaluation and treatment have included MRIs, x-rays, medications (Mobic, Neurontin, Darvocet-N, Celebrex, and Zoloft), electromyography, injections (Robaxin, Depo-Medrol, B12) and exercises. Diagnoses have included left wrist tendonitits, muscle sprain, carpal tunnel syndrome, cervical radiculopathy, tenosynovitis, medical neuropathy, adjustment disorder with mixed anxiety and depressed mood, pain disorder and DeQuervain tenosynovitis.

Requested Services

Office visits 99212, therapeutic exercises 97110, manual therapy techniques 97140, and neuromuscular re-education 97112 from 4/26/05-7/7/05.

<u>Documents and/or information used by the reviewer to reach a decision:</u>

Documents Submitted by Requestor:

1. None submitted

Documents Submitted by Respondent:

1. IRO Summary – 12/14/05
2. Retrospective Review – 6/22/05, 7/11/05, 8/7/05
3. Texas Family Medicine Records – 5/14/04-5/21/04
4. Records from Walter Graham, MD – 5/28/04-6/22/04
5. United Neurology Records – 6/29/04-2/8/05
6. MRI Reports – 7/2/04
7. Functional Capacity Evaluations – 10/18/04, 11/8/05
8. Required Medical Examination – 10/15/04
9. Pain & Recovery Clinic – 3/23/05-11/1/05
10. Records from Jacob Varon, MD – 6/20/05
11. Designated Doctor Evaluation – 6/30/05
12. Work Hardening Assessment Psychosocial history – 11/30/05
13. Physical Therapy Notes – 5/27/04-6/15/04
14. Pain & Recovery Clinic of North Houston Daily Progress Notes – 4/4/05-7/7/05

Decision

The Carrier's denial of authorization for the requested services is partially overturned.

Standard of Review

This MAXIMUS determination is based upon generally accepted standard and medical literature regarding the condition and services/supplies in the appeal.

Rationale/Basis for Decision

The MAXIMUS physician reviewer noted that this 54-year old female sustained a work related injury to her left wrist on ___. The MAXIMUS physician reviewer indicated that evaluation included an MRI, an EMG and a nerve conduction velocity study that revealed bilateral 5-6 nerve root irritation and mild early carpal tunnel syndrome. The MAXIMUS physician reviewer also noted that treatment included different medications to relieve pain and splints. The MAXIMUS physician reviewer explained she was seen by a neurologist and in an occupational clinic where she had a functional capacity evaluation on 3/23/05. The MAXIMUS physician reviewer indicated she saw a chiropractor on 3/29/05 and by a surgeon who recommended surgical intervention for DeQuervain tendonitis. The MAXIMUS physician reviewer noted she began physical therapy 5/27/05 that consisted of range of motion, exercise modalities and education. The MAXIMUS physician reviewer noted that by 6/15/04, no significant improvement in range of motion at the left wrist or with her pain was reported and she was discharged from therapy. The MAXIMUS physician reviewer indicated she began physical therapy with a chiropractor from February 2005. The MAXIMUS physician reviewer also noted this treatment consisted of myofascial release, hot/cold packs and electrical stimulation. The MAXIMUS physician reviewer noted that according to Dr. McMillan's evaluation on 3/29/05, she continued with pain rated as 8/10 and decreased range of motion in the left wrist. The MAXIMUS physician reviewer explained she was re-evaluated by Dr. McMillan on 5/17/05 and found to have minimal improvement in left wrist range of motion and her pain was still rated at 6-8/10. The MAXIMUS physician reviewer explained that physical therapy notes continued to indicate pain and no significant objective improvement of range of motion or strength. The MAXIMUS physician reviewer also explained there was still no change as of 7/7/05. The MAXIMUS physician reviewer indicated that from review of the available notes, there was no significant objective improvement noted in the left wrist after 5/17/05 and therefore therapy provided after this date was not medically necessary for treatment of the member's condition.

Therefore, the MAXIMUS physician reviewer concluded that the office visits 99212, therapeutic exercises 97110, manual therapy techniques 97140, and neuromuscular re-education 97112 from 4/26/05-5/17/05 were medically necessary to treat this patient's condition. The MAXIMUS physician reviewer also concluded that the office visits 99212, therapeutic exercises 97110, manual therapy techniques 97140, and neuromuscular re-education 97112 from 5/18/05-7/7/05 were not medically necessary to treat this patient's condition.

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.

Sincerely,
MAXIMUS

Lisa Gebbie, MS, RN
State Appeals Department