



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: Rehab 2112 PO Box 671342 Dallas TX 75267-1342	MDR Tracking No.: M5-06-0568-01
	Claim No.:
	Injured Worker's Name:
Respondent's Name and Address: Travelers Property & Casualty Box 05	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DWC-60 package. Position Summary: None submitted.

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Response to DWC-60 package. Position Summary: We are sustaining the denial based on IME which states ongoing chiropractic treatment is not reasonable or necessary.

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
12-9-04 to 12-30-04	97545-WH-CA 2 hrs x \$64/hr = \$128.00 x 15 days = \$1920.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$6,192.00
	97546-WH-CA 5 hrs x \$64/hr = \$320.00 x 13 days = \$4160.00		
	97546-WH-CA \$16.00 per ¼ hr x 7 = \$112.00		
1-3-05	97750-FC \$296.00 (less than MAR)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$296.00
	TOTAL		\$6,488.00

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 **prevailed** on 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 \$6,488.00. 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.

Findings & Decision by:

Medical Dispute Officer

Authorized Signature

Typed Name

Date

Ordered by:

Manager

Medical Necessity Team

Authorized Signature

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: M5-06-0568-01
NAME OF REQUESTOR: Rehab 2112
NAME OF PROVIDER: Larry Parent, D.C.
REVIEWED BY: Licensed by the Texas State Board of Chiropractic Examiners
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 01/18/06

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:

A list of job responsibilities from an unknown source on an unknown date
Evaluations with Larry Parent, D.C. dated 10/04/04, 10/12/04, 10/18/04, 11/04/04, 11/05/04, 11/10/04, 11/11/04, 11/23/04, 11/30/04, 12/14/04, 12/23/04, 12/27/04, 12/29/04, 01/03/05, 01/05/05, 01/10/05, 01/13/05, 01/14/05, 01/17/05, 01/19/05, 02/01/05, and 02/24/05
X-rays of the cervical spine, lumbar spine, and left shoulder interpreted by Tamara Uptigrove, D.C. dated 10/04/04
Chiropractic therapy with Dr. Parent dated 10/05/04, 10/06/04, 10/07/04, 10/08/04, 10/09/04, 10/12/04, 10/13/04, 10/14/04, 10/15/04, 10/19/04, 10/20/04, 10/22/04, 10/25/04, 10/26/04, 10/27/04, 10/28/04, 10/29/04, 11/01/04, 11/02/04, 11/03/04, 11/08/04, and 11/09/04

An MRI of the cervical spine interpreted by Kenneth Lustik, D.C. dated 10/14/04

An MRI of the lumbar spine interpreted by Dr. Lustik dated 10/21/04

A psychological evaluation with Kenneth F. Wise, Psy.D. dated 11/09/04

Functional Capacity Evaluations (FCEs) with P. Horn, M.P.T. and Michelle B. Ivey, D.C. dated 11/09/04, 12/08/04, and 01/03/05

A work hardening program with Ms. Horn and Mr. Wise dated 11/12/04, 11/15/04, 11/16/04, 11/17/04, 11/18/04, 11/19/04, 11/22/04, 11/23/04, 11/24/04, 11/26/04, 11/29/04, 11/30/04, 12/01/04, 12/02/04, 12/03/04, 12/06/04, 12/07/04, 12/08/04, 12/09/04, 12/10/04, 12/13/04, 12/04/04, 12/15/04, 12/16/04, 12/17/04, 12/20/04, 12/21/04, 12/22/04, 12/23/04, 12/27/04, 12/28/04, 12/29/04, 12/30/04, and 01/17/05

Required Medical Evaluations (RMEs) by Gary Martin, D.C. dated 11/18/04 and 08/09/05

A Designated Doctor Evaluation with Jeffrey E. Kalina, M.D. dated 02/02/05

A letter of medical necessity for work hardening from Dr. Ivey dated 07/28/05

An MDR request from Dr. Ivey on 11/07/05

A letter from Max Eldredge, Medical Bill Repricing Unit at St. Paul Travelers, dated 11/17/05

Clinical History Summarized:

X-rays of the cervical spine, lumbar spine, and left shoulder interpreted by Dr. Uptigrove on 10/04/04 revealed moderately restricted flexion and mildly restricted extension in the cervical spine. Chiropractic therapy was performed with Dr. Parent from 10/05/04 through 11/09/04 for a total of 22 sessions. Dr. Parent recommended chiropractic therapy, possible prescription medications or a second opinion, and an MRI of the cervical spine on 10/12/04. An MRI of the cervical spine interpreted by Dr. Lustik on 10/14/04 revealed mild desiccation at C2 through C5 and a 3-4 mm. disc protrusion at C5. An MRI of the lumbar spine interpreted by Dr. Lustik on 10/21/04 revealed mild disc desiccation at L4. On 11/09/04, Mr. Wise recommended a work hardening program. An FCE with Dr. Ivey on 11/09/04 showed the patient was at the light physical demand level, which was required for her job. Work hardening was performed with Ms. Horn and Mr. Wise from 11/12/04 through 01/17/05 for a total of 34 sessions. On 11/18/04, Dr. Martin felt the patient was not at Maximum Medical Improvement (MMI) and recommended continued therapy and a work hardening program. Another FCE with Dr. Ivey on 12/08/04 and 01/03/05 showed the patient was at the light physical demand level, but the job now required the light medium demand level. On 02/02/05, Dr. Kalina placed the patient at MMI with a 6% whole person impairment rating. Dr. Ivey wrote a letter of medical necessity for the work hardening program on 07/28/05. On 08/02/05, Dr. Martin felt the endpoint of the patient's treatment was 03/15/05. Dr. Ivey wrote an MDR request on 11/17/05. On 11/17/05, Mr. Eldredge at St. Paul Travelers stated they were sustaining the denial for the work hardening program based on the RME from Dr. Martin.

Disputed Services:

Work hardening, work hardening each additional hour, and a Functional Capacity Evaluation from 12/09/04 through 01/03/05

Decision:

I agree with the requestor. The work hardening, work hardening each additional hour, and an FCE from 12/09/04 through 01/03/05 were reasonable and necessary.

Rationale/Basis for Decision:

The patient injured her neck, mid back, and left shoulder on _____. She received treatment to her injured areas from October 2004 to January 2005. She was placed at MMI on 02/02/05. The patient was referred for an FCE on 12/09/04, which showed she was performing at the light physical demand level and her job required the light/medium physical demand level. She was also seen by a psychologist on 11/09/04 who recommended a return to work program with psychological groups and it was felt the patient met the mental criteria for entrance into a return to work program. The patient was placed in a work hardening program that began on 12/09/04 and ended on 01/03/05. According to the North American Spine Society's Clinical Guidelines for Multidisciplinary Spine Care Specialists, 2002, the dates of service in question fell with the secondary phase of care (eight to sixteen weeks post injury). This phase of care had interventions that included work conditioning and work hardening programs. In addition, 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. According to the two Guidelines mentioned previously, the patient met the requirements for entrance into a work hardening program and thus the work hardening program and the work hardening, each additional hour, from 12/09/04 through 01/03/05 was medically necessary to treat the patient. With regard to the FCE dated 01/03/05, the previously stated Guidelines allow for FCEs for the purpose of monitoring progress in work hardening, work conditioning, and chronic pain programs. Thus, the FCE on 01/03/05 was medically necessary to treat this patient.

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 the Division 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 01/18/06 from the office of Professional Associates.

Sincerely,

Amanda Grimes
Secretary/General Counsel