



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: Jim Collier, DCPA Southwest Back Clinic P.O. Box 60046 San Angelo, TX 76906	MDR Tracking No.: M5-6-0677-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: TX Mutual Insurance Company, Box 54	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC 60 package. Position Paper (Table of Disputed Services) states, "Medically Necessary."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC 60 response. Position summary states, "Texas Mutual requests that the request for dispute resolution filed by Jim Collier, DCPA be conducted under the provisions of the APA set out above."

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)
2-11-05 – 3-28-05	CPT code 97110 (\$33.56 X 11 units)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$369.16
2-11-05 – 3-28-05	CPT code 98941 (\$40.00 X 9 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$360.00
2-11-05 – 3-28-05	CPT code 97112 (\$35.21 X 5 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$176.05
2-11-05 – 6-15-05	CPT code 97140-59	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0
4-4-05 – 6-15-05	CPT codes 97110, 98941, 97112	<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 majority of the disputed medical necessity issues. The amount due the requestor for the items denied for medical necessity is \$905.21.

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 a refund of the paid IRO fee. The Division has determined that the requestor is entitled to reimbursement for the services involved in this dispute in the amount of \$905.21. 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 and Order by:

Donna Auby

1-17-05

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.

January 11, 2006

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

Patient: ____
DWC #: ____
MDR Tracking #: M5-06-0677-01
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 Davis Motor Crane Service, Inc. He was struck in the face by a chain. He suffered a comminuted fracture of the mandible and a whiplash injury. He was taken for surgical repair of the mandible to Parkland Hospital. The MRI of 10/12/04 indicates the likely presence of trauma at C3/4 interspinous region. He treated with Julio Fajardo, DC through early 2005 when due to distance traveled he chose to switch to Dr. Collier. Records from the early period of treatment were very scarce with the exception of the initial reports by Drs. Aggarwal and Fajardo. Dr. Collier treated the patient with passive and active therapies from January 2005 through August 2005.

RECORDS REVIEWED

Records were received from the respondent and from the requestor/treating doctor. Records from the respondent include the following: 12/30/05 letter from La Treace Giles, RN, 10/12/04 radiology report from Parkland Health System, 10/13/04 operative report by Edward Elli, DDS, 10/14/04 discharge report by Erwin Thal, MD, 10/25/04 initial history and physical report by Ved Aggarwal, MD, 10/21/04 Occ Injury report by Julio Fajardo, DC, initial report of 1/5/05 by Jim Collier, DC, SOAP notes from 2/2/05 through 6/15/05 by Dr. Collier and DD report by D. Wehmeyer, MD of 10/17/05.

Records from the requestor/treating doctor include some of the above with the addition of the following: 12/28/05 letter by Beverly Collier, itemized billing from Southwest Back Clinic dated 8/18/05, various TWCC 73's, various EOB's, TWCC 60 with tables of disputed services, undated letter by Dr. Collier, 5/5/05 request for LMN from RS Medical, 4/26/05 letter by Dr. Collier, 1/26/05 RS rental purchase agreement, TWCC 53 of 1/3/04, SOAP notes from 1/5/05 through 1/31/05 and various HICFA 1500's.

DISPUTED SERVICES

The services under dispute include 97110, 98941, 97140 and 97112 from 2/11/05 through 6/15/05.

DECISION

The reviewer agrees with the previous adverse determination regarding the following codes on the following dates: 97140-59 (on all dates under review), 97110 (on all dates on or after 3/29/05), 98941 (on all dates on or after 3/29/05) and 97112 (on all dates on or after 3/29/05).

The reviewer disagrees with the previous adverse determination regarding all codes on all dates not specifically mentioned above.

BASIS FOR THE DECISION

The respondent's letter dated 12/30/05 indicates that there was improvement in the patient's pain levels through 3/7/05. Nurse Giles indicates that the treatment plan did not change after this point and that there was no improvement in the patient's condition as per the Doctor's SOAP notes. By the records provided, Dr. Collier began performing treatment on 1/05/05 following TWCC's approval of the change of treating doctors. From 1/5/05 through 2/9/05 there were 13 visits performed. Therapeutic exercises were begun on 1/10/05 times one unit. Two units were performed on 2/23/05 and three units of TE were begun on 3/2/05. Neuromuscular re-education was begun on 2/21/05 according to the billing but was in the SOAP notes as far back as 2/11/05. It is interesting to note that all of the doctor's notes indicate there was an initial examination performed on each date of service.

The treating doctor was very conservative in his use of only one unit of therapeutic exercises during the first 1-½ months of treatment. However, the patient improved subjectively and objectively through 3/14/05. After this point, he was either at the same level of pain or at a higher level of pain; however, an exacerbation was not noted. From 4/19/05 through 6/15/05 there were no subjective sections listed in the SOAP notes; therefore, it is difficult/impossible to determine the patient's status and the need for further care. There were no PPE's or FCE's to help determine the patient's response to care or his ability to return to work.

The reviewer indicates that the patient had not improved as of the 3/28/05 visit as compared to the 3/14/05 visit. This is approximately 2 weeks following the last improvement by the patient. The reviewer indicates that the protocols should have been changed at this point. However, the provider did not do as such. The respondent indicates that treatment should be denied as soon as there is no improvement. It is the reviewer's response that the provider does not have the ability to look into the past that the carrier has when they review records. However, at a two-week period of non-improvement, the provider had enough data to either change the protocols or release the patient at maximum therapeutic benefit according to the ACRB Guidelines of Physiological Therapeutics and Rehabilitation.

REFERENCES

ACRB Guidelines of Physiological Therapeutics and Rehabilitation

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 DWC via facsimile, U.S. Postal Service or both on this 11th day of January 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli