



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 Dispute

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier	
Requestors Name and Address: San Antonio Accident/Injury Care 401 W Commerce Suite 100 San Antonio, Texas 78207	MDR Tracking No.: M5-06-0689-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Risk Management Fund Box 12	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: DWC-60 dispute package

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to DWC-60

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
06-22-05 to 07-22-05	97113 (4 units per session)(23 units X \$38.05 per unit)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$875.15
06-22-05 to 07-22-05	97113 (sessions over 4 units)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
07-25-05 to 08-04-05	97113, 97150 and 97116	<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 majority of the disputed medical necessity issues.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

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

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 reimbursement in the amount of \$875.15. The Division finds that the requestor was not the prevailing party and is not entitled to a refund of the IRO fee. 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.

Ordered by:

02-14-06

Authorized Signature

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.



CompPartners Final Report ACCREDITED EXTERNAL REVIEW

CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Patient's Name: _____
Texas IRO #: _____
MDR #: M5-06-0689-01
Social Security #: _____
Treating Provider: Richard Alexander, DC
Review: Chart
State: TX
Date Completed: 2/13/06

Review Data:

- Notification of IRO Assignment dated 12/30/05.
- Receipt of Request dated 12/30/05.
- Medical Dispute Resolution dated 12/2/05.
- List of Treating Providers (date unspecified), 1 page.
- List of Services dated 6/24/05, 6/22/05, 2 pages.
- Table of Disputed Services dated 8/4/05, 8/3/05, 8/1/05, 7/29/05, 7/27/05, 7/25/05, 7/22/05, 7/18/05, 7/1/05, 6/29/05, 6/28/05, 6/24/05, 6/22/05, 6 pages.
- Texas Workers' Compensation Work Status Report dated 8/15/05, 8/5/05, 7/6/05, (date unspecified), 4 pages.
- Cover Sheet (date unspecified), 1 page.
- Required Medical Evaluation (RME) dated 8/5/05, 4 pages.
- Explanation of Benefits dated 11/18/05, 11 pages.
- Initial Consultation Note dated 7/13/05, 6/6/05, 7 pages.
- Electrodiagnostic Study of the Lower Extremity dated 7/5/05, 6 pages.
- Aquatic Therapy Protocol for Lumbar Spine Rehabilitation dated 7/8/05, 7/6/05, 7/1/05, 6/28/05, 6/24/05, 6/22/05, 2 pages.
- Nerve Conduction Study/Electromyography dated 7/5/05, 7 pages.
- Coding Sheet dated 7/5/05, 1 page.
- Appointment Sheet (date unspecified), 1 page.
- Vital Data Form (date unspecified), 2 pages.
- SOAP Notes dated 7/29/05, 7/27/05, 7/25/05, 7/22/05, 7/18/05, 7/11/05, 7/8/05, 7/1/05, 6/29/05, 6/24/05, 6/22/05, 6/6/05, 3 pages.
- Evaluation dated 5/3/05, 3 pages.
- Physical Examination dated 4/8/05, 1 page.
- Flow sheet dated 4/5/05, 1 page.
- Office Visit Notes dated 4/12/05, 2 pages.
- Exercise Flow Sheet dated 8/9/05, 8/4/05, 8/3/05, 8/1/05, 1 page.
- Daily Treatment Log dated 8/9/05, 8/4/05, 8/3/05, 8/1/05, 4 pages.
- Workers' Compensation Initial Evaluation dated 6/6/05, 4 pages.
- Lumbar Spine MRI dated 11/13/04, 1 page.
- Letter of Reconsideration for Non Payment of Services dated 11/29/05, 3 pages.
- Health Insurance Claim Forms signed on 8/23/05, 7/18/05, 5 pages.

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for: aquatic therapy (97113), therapeutic procedures (97150) and gait training (97116). Dates of service were 6/22/05 through 8/4/05.

Determination: PARTIAL – REVERSED - six sessions of aquatic therapy (97113) from 6/22/2005 through 7/22/2005, at 4 units per session.
PARTIAL UPHELD – aquatic therapy (97113).
UPHELD – therapeutic procedures (97150) and gait training (97116) beyond 7/22/2005.

Rationale:

Patient's age:

Gender:

Date of Injury: ____

Mechanism of Injury: Fell off stool, injuring low back and striking her head.

Diagnoses: Low back pain and lumbar sprain.

The claimant was involved in a prior work injury on ____, in which she fell, injuring her lower back. The exact type and nature of treatment rendered to this claimant post injury was not available for review. According to the RME report from Dr. Parsons, dated 8/5/2005, the claimant initially presented to her family doctor, Dr. Hack. The claimant was then referred to Dr. Parra, who requested an MRI of the lumbar spine. The lumbar MRI revealed degenerative changes at L5-S1, with some neuroforaminal changes, but no disc herniation. The claimant was then sent to physical therapy and rehabilitation, and also received an epidural steroid injection. The amount of physical therapy and rehabilitation provided to this claimant was not available for review. It appeared that the claimant returned to work in some capacity. On ____, the claimant, while at work, was sitting on a stool when she lost her balance and fell backwards, landing on her lower back and hitting her head. The following day, the claimant presented to the office of Dr. Hack complaining of lower back pain. On 4/12/2005, the claimant presented to the office of Dr. Hester for physical therapy. The initial office note, dated 4/12/2005, from Dr. Hester, referenced the ____ injury as the source of the claimant's current complaints. There was no indication of the ____ injury. An MRI was performed on 4/25/2005 that revealed findings that were unchanged from the initial lumbar MRI. There was no indication of the ____ injury. Submitted for review, was an evaluation form dated 5/3/2005, from what appeared to be a physical therapist, upon referral from Dr. Hack. This evaluation referenced the ____ dated injury. At that time, the claimant's pain level was noted at 6 out of 10 on the visual analogue scale. A recommendation for physical therapy, at two times a week for four weeks, was submitted. On 6/6/2005, the claimant presented to the office of Dr. Alexander for evaluation and treatment of lower back pain. At that time, the claimant complained of pain levels of 7 out of 10 on the visual analogue scale, with pain described as constant. Range of motion findings were slightly reduced in flexion and extension. Remaining range of motion findings were normal. A recommendation for physical therapy, at three times per week for four weeks, to include aquatic therapy for the lumbar region, was submitted. There was also a recommendation for a nerve conduction test. On the same day, the claimant was evaluated by Dr. Rodriguez for a pain management consultation at Southwest Pain and Injury, on a referral from Dr. Alexander. The initial consultation note, dated 6/6/2005, from Dr. Rodriguez, noted that the claimant's pain level was 9 out of 10 on the visual analogue scale. This report noted the claimant was currently taking Vicodin and Tylenol, with past medications including anti-inflammatories such as ibuprofen. The recommendation was for continued physical therapy, at the direction of Dr. Alexander, in addition to an EMG/NCV of the lower extremities. An EMG/NCV of the lower extremities proved to be normal, with the exception of "evidence of a left L5 nerve root irritation." There was no electrodiagnostic evidence of a lumbar radiculopathy, lumbosacral plexopathy, focal compression neuropathy or peripheral neuropathy or myopathy. On 7/13/2005, the claimant underwent a consultation with Dr. Cerday, at Southwest Pain and Injury. The consultation note, dated 7/13/2005, noted the claimant's pain levels were 9 out of 10 on the visual analogue scale. The recommendation was for epidural steroid injections, continued physical therapy and anti-inflammatory medication. On 6/22/2005, the claimant began a course of aquatic therapy. The claimant received nine sessions of aquatic therapy through 7/29/2005. The claimant received 3 additional sessions of land-based therapy, consisting of: CPT code 97150 – therapeutic procedures, and CPT code 97116 – gait training, dated 8/1/2005, 8/3/2005 and 8/4/2005. These 12 treatments were denied by the insurance company as being not medically necessary. On 8/5/2005, the claimant underwent an RME with Dr. Parsons, an orthopedist. At the time of this evaluation, the claimant noted her pain levels to be 7 out of 10 on the visual analogue scale. Dr. Parson noted that the claimant did not require any additional formal treatment, and that any additional rehabilitation was to be performed within the context of a home-based exercise program. The purpose of this review is to determine the medical necessity for the denied 12 treatments from 6/22/2005 through 8/4/2005. According to the submitted documentation, subsequent to the ____ injury, the claimant underwent a course of physical therapy. The exact type and frequency of that treatment was not available for review. According to the Letter of Reconsideration from Dr. Alexander, the claimant only had "approximately five weeks of therapy from her previous doctor." It is clear that the therapy rendered to this claimant failed to provide any improvement. The 4/12/2005 office note indicated that the claimant's pain level was 7 out of 10. The evaluation dated 5/3/2005, from an unknown physical therapist's office, noted the pain levels to be 6 out of 10. Upon presentation to the office of Dr. Alexander, on 6/6/2005, the claimant's pain levels were reported as 7 out of 10. This would clearly indicate that between 4/12/2005 and 6/6/2005 that the therapy rendered this claimant failed to bring about improvement in the claimant's pain levels. Predictably, there was no evidence of any objective improvement

corresponding to the period in question. Dr. Alexander noted in his Letter of Reconsideration, that the initial course of therapy "comprised of the stationary bike, treadmill and some stretching. She stated that she had a difficult time performing the exercises with the bike and treadmill". Therefore, given the patient's level of complaints, the orthopedic and neurologic testing, the claimant began a course of aquatic therapy. The claimant received 6-8 units of aquatics therapy per date of service. Given the failure of the initial course of land-based therapy, between 4/8/2005 and 6/6/2005, to bring about improvement in the claimant's condition, a brief course of aquatic therapy was appropriate. Six sessions of aquatic therapy, as an initial clinical trial at four units per session, would be considered reasonable. Following the initial six aquatics therapy sessions, it was clear that the claimant was not responding favorably to the treatment. Therefore, the care should have been discontinued at that time and alternative treatment options should have been explored. Instead, treatment continued with no appreciable improvement. It does not appear that this treatment brought about any improvement in the claimant's condition. A review of the SOAP notes, dated 6/6/2005 through 8/4/2005, noted that her pain levels remained elevated at 7 out of 10 on the visual analogue scale. The provider's Letter of Reconsideration indicated that the claimant noted pain levels that "decreased by 25% increase strength and functionality." There was minimal improvement in the claimant's strength testing. The SOAP notes did not corroborate the provider's contention that this claimant realized a 25% decrease in pain and an increase in strength and functionality. In fact, the last notation on the SOAP notes indicated that the claimant could not continue treatment due to "increased pain due to movement." The provider stated in his Letter of Reconsideration, that the claimant was released from care. He did not note that the claimant was released from care having reached maximum medical improvement. It appeared that the claimant was, in fact, released because she was not improving and could not continue with treatment. The Required Medical Evaluation, dated 8/5/2005, noted that the claimant's pain levels continued at 7 out of 10 on the visual analogue scale. He also noted that the claimant appeared to have symptom magnification, and noted that 5 of 5 Waddell's signs were positive. Therefore, based on the submitted documentation, this reviewer recommends certification of the initial six treatments of aquatic therapy from 6/22/2005 through 7/22/2005, at four units per session. Treatments consisting of aquatic therapy (97113) beyond 7/22/2005; therapeutic procedures (97150) on 8/4/05, 8/3/05 and 8/1/05; and gait training (97116) on 8/3/05 and 8/1/05, were not medically necessary or appropriate.

Criteria/Guidelines utilized: TDI/DWC rules and regulations. ACOEM Guidelines, 2nd Edition, Chapters 6 and 12.

Physician Reviewers Specialty: Chiropractor

Physician Reviewers Qualifications: Texas licensed D.C. and is also currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist 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 the decision before the referral to CompPartners, Inc.

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.