



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:	MDR Tracking No.: M5-06-0697-01
Rehab One Physical Therapy 4800 South Padre Island Drive, Ste 1-1 Corpus Christi, Texas 78411	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
Liberty Mutual Fire Insurance Company, Box 28	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, "We believe that the denial of these services is an administrative error. We respectfully request reimbursement."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC 60 response.

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)
9-6-05 – 9-20-05	CPT code 97545-WC-CA (\$72.00 X 10 sessions)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$720.00
9-6-05 – 9-20-05	CPT code 97546-WC-CA (\$72.00 X 10 sessions)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$720.00

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 prevail on the majority of the disputed medical necessity issues. The amount due the requestor for the items denied for medical necessity is \$1,440.00.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308 and 134.202.

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 carrier must refund the amount of the IRO fee (\$460.00) to the requestor within 30 days of receipt of this order. The Division has determined that the requestor is entitled to additional reimbursement in the amount of \$1,440.00. 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 and Decision and Order by:

Donna Auby

1-27-06

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.

January 19, 2006

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

Patient: ____
DWC #: ____
MDR Tracking #: M5-06-0697-01
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 Ree, Inc. The records note that he fainted and fell on his right knee while working as a manager of a McDonald's. He is treating with OB Whittenburg, DC. The patient was treated with passive and active therapeutics, orthopedic consults, medication and a surgical correction prior to the disputed services, which are the subject of this review. He was treated by Charles Breckenridge, MD on 1/7/05 with a surgical procedure to the right knee. The operative procedure consisted of a right knee arthroscopy with partial medial meniscectomy and abrasion chondroplasty. He underwent a chronic pain management program. In August of 2005, the patient was given an FCE by Jose Cruz, LPT, which revealed that he was functioning at a medium PDL. The work notes indicate that this patient is required to be at a light PDL. However, the FCE indicates that the patient is deficient in standing, kneeling/crawling, walking and in cardiovascular endurance. On 8/25/05, J Randolph, DC notes this patient is a candidate for a WH program; however, no psychological reasons were noted. The patient meets 5 of 8 job requirements. He began a WC program on or about 9/6/05. The note of 9/25/05 by Mr. Cruz indicates that the patient is being sent back to the orthopedic doctor to evaluate possible surgery. The patient did not present for the WC program from 9/20/05 through 9/27/05 for unknown reasons. His pain scale had elevated from a 3 to a 4 from 9/16/05 through 9/20/05. The last date in this program was 10/5/05. The notes of this date do not indicate that the patient was released from care. Richard Carlson, MD indicates on 9/25/05 that the patient has full ROM with pain at the medial joint line. Felipe Santos, MD performed a DD exam on 9/27/05 and notes the patient to not be at MMI. A second surgical procedure was performed on 10/28/05 by Richard Carlson, MD. He performed an arthroscopy of the right knee with injections of kenalog and marcaine. No debridement or meniscal repair was noted in the report. The final report of 12/29/05 indicates that the patient is 5'6" weighs 198 lbs., has a heart rate of 125/92 and a heart rate of 105 bpm. It is apparent that the patient has complicating factors of tachycardia, elevated blood pressure and mild obesity. The ROM was the same as measure on 10/12/05 as of 12/29/05 (131 degrees of flexion right and 0 degrees extension on the right; the left side was not measured or noted).

RECORDS REVIEWED

Records were received from the respondent, treating doctor and the requestor. Records from the respondent include the following: 1/11/06 letter by V. Cullipher, RN, 10/10/05 and 12/1/05 peer reviews by T. Soto, DC, FCE of 8/24/05 and 9/25/05 note by Richard Carlson, MD.

Records from the requestor include some of the above in addition to the following: initial eval by Jose Cruz, PT, progress notes by Mr. Cruz from 9/7/05 through 10/5/05, request for re-review letter by Mr. Cruz to Dr. Sato, 1/13/05 through 8/25/05 notes from Real Health Care, 9/27/05 report by Felipe Santos, MD and 1/7/05 operative report.

Records from the treating doctor include some of the above in addition to the following: 12/29/05 final report, progress reports and exam from 2/16/05 through 12/12/05, 10/28/05 operative report, 12/10/04 through 2/1/05 notes by C. Breckenridge, MD, 3/1/05 note and FCE by J. Tanner, DC, 9/7/05 MRI by Texscan MRI and 11/9/04 MRI by Saratoga Medical.

DISPUTED SERVICES

Disputed services include a work-conditioning (97545-WC-CA and 97546-WC-CA) program from 9/6/05 through 10/5/05.

DECISION

The reviewer disagrees with the previous adverse determination regarding codes 97545 and 97546 for dates of service 9/6/05 through 9/20/05.

The reviewer agrees with the previous adverse determination regarding all remaining services on all remaining dates of service not specifically mentioned above.

BASIS FOR THE DECISION

The reviewer notes that the patient met the lifting requirements of a medium PDL; however, he did not meet the job requirements of a manager at McDonald's. His deficiencies include standing, kneeling/crawling, walking and cardiovascular endurance. This indicates he is unable to safely perform his job requirements without risking further injury. The reviewer indicates that the patient was entitled to a trial of a work-conditioning program of approximately two weeks duration. The patient failed to improve during this program as evidenced by the notes provided. For example, the notes by Mr. Cruz indicate on 9/20/05 that the patient's ambulation had regressed and his sit to stand has remained unchanged. The patient became noncompliant on or about 9/20/05. A surgical opinion indicates that the patient needed further surgery in early October.

The respondent has indicated in the letter of 1/11/06 that the provider knew of the impending surgery and should have released the patient from an unsuccessful program. The reviewer agrees with this assessment in part. The records received do not indicate that the provider or patient knew of an impending surgery until October 2005; therefore, it is medically reasonable to proceed with a return to work program on a trial basis.

REFERENCES

Reed, P Medical Disability Advisor 4.21, 2005

Council of Chiropractic Physiological Therapeutics and Rehabilitation Guidelines

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 DWC the via facsimile, U.S. Postal Service or both on this 19th day of January 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli