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

Requestor=s Name and Address: Horizon Health c/o Bose Consulting, LLC P O BOX 550496 Houston, Texas 77255	MDR Tracking No.: M5-06-0768-01 Claim No.: Injured Employee's Name:
Respondent's Name and Address: Liberty Insurance Corporation Box 28	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
POSITION SUMMARY: Per the table of disputed services "Necessary Treatment".

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to DWC-60
POSITION SUMMARY: No position summary submitted by Respondent

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
06-20-05, 06-23-05 and 06-24-05	G0283 (1 unit @ $14.56 X 3 DOS) (see note below)	☒ Yes ☐ No	$0.00
06-20-05 to 08-19-05	97110 (2 units @ $71.72 X 3 DOS) (see note below) 97110 (3 units @ $107.58 X 3 DOS) (see note below) 97110 (5 units @ $179.30 X 3 DOS) (see note below) 97110 (6 units @ $215.16 X 6 DOS) (see note below)	☒ Yes ☐ No	$0.00
05-09-05 to 08-19-05	99213, 99212, 97140 and 97112	☐ Yes ☒ No	$0.00
	Note: An updated table of disputed services submitted by the Requestor on 3-2-06 revealed services found to be medically necessary by the IRO reviewer have been paid by the Respondent therefore no additional reimbursement due		

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 **majority** of the disputed medical necessity issues.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308

PART VII: DIVISION DECISION AND ORDER

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 of payment to the Requestor within 30 days of receipt of this Order.

Ordered by:

		03-06-06
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

URAC ACCREDITED EXTERNAL REVIEW

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

Claimant Name: ___
Texas IRO #: ___
MDR #: M5-06-0768-01
Social Security #: ___
Treating Provider: Carrie Schwartz, DC
Review: Chart
State: TX
Date Completed: 2/15/06
Date Amended: 2/17/06

Review Data:

- **Order for Payment of Independent Review Organization Fee dated 1/25/06, 1 page.**
- **Notification of IRO Assignment dated 1/10/06, 1 page.**
- **Receipt of Request dated 1/10/06, 1 page.**
- **Medical Dispute Resolution Request/ Response dated 12/15/05, 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Table of Disputed Services 8/19/05, 8/18/05, 8/15/05, 7/22/05, 7/21/05, 7/20/05, 7/15/05, 7/12/05, 7/11/05, 7/1/05, 6/29/05, 6/27/05, 6/24/05, 6/23/05, 6/20/05, 5/31/05, 5/20/05, 5/19/05, 5/18/05, 5/16/05, 5/13/05, 5/9/05, 5 pages.**
- **Functional Capacity Evaluation dated 8/29/05, 7/29/05, 23 pages.**
- **Billing Statements dated 8/19/05, 8/18/05, 8/15/05, 7/22/05, 7/21/05, 7/20/05, 7/15/05, 7/12/05, 7/11/05, 7/1/05, 6/29/05, 6/27/05, 6/24/05, 6/23/05, 6/20/05, 6/6/05, 5/31/05, 5/20/05, 5/19/05, 5/18/05, 5/16/05, 5/13/05, 5/9/05, 6 pages.**
- **Physical Medicine Referral dated 8/18/05, 6/15/05, 2 pages.**
- **Examination dated 8/23/05, 7/21/05, 2 pages.**
- **Follow-up Report dated 8/18/05, 7/15/05, 6/15/05, 6/6/05, 5/26/05, 5/5/05, 7 pages.**
- **SOAP Notes dated 8/30/05, 8/29/05, 8/26/05, 8/23/05, 8/22/05, 8/19/05, 8/18/05, 8/15/05, 8/12/05, 8/10/05, 8/8/05, 7/29/05, 7/28/05, 7/26/05, 7/22/05, 7/21/05, 7/20/05, 7/15/05, 7/12/05, 7/11/05, 7/8/05, 7/7/05, 7/5/05, 7/1/05, 6/29/05, 6/27/05, 6/24/05, 6/23/05, 6/20/05, 5/12/05, 3/1/05, 2/28/05, 2/23/05, 2/21/05, 2/18/05, 2/17/05, 2/16/05, 2/11/05, 1/17/05, 1/10/05, 31 pages.**
- **Operative Report dated 6/1/05, 3/9/05, 7 pages.**
- **Progress Notes dated 6/6/05, 5/31/05, 5/27/05, 5/20/05, 5/19/05, 5/18/05, 5/16/05, 5/13/05, 5/9/05, 9 pages.**
- **Subsequent Report dated 5/24/05, 1 page.**
- **Letter of Medical Necessity dated 4/28/05, 1 page.**
- **Initial Consultation Report and Findings dated 4/18/05, 1 page.**
- **Initial Examination dated 4/7/05, 1 page.**
- **Position Statement dated (date unspecified), 3 pages.**
- **Right Wrist X-ray dated 5/19/05, 4/21/05, 2 pages.**
- **Weekly Activity Schedule (dates unspecified), 4 pages.**
- **Dispute Letter dated 2/6/06, 1 page.**
- **Texas Workers' Compensation Work Status Report dated 9/30/05, 9/7/05, 8/23/05, 8/5/05, 7/6/05, 6/6/05, 5/6/05, 4/7/05, 3/3/05, 3/2/05, 2/28/05, 2/21/05, 12 pages.**
- **Fax Cover Sheet dated 10/15/05, 7/6/05, 6/6/05, 4/12/05, 3/9/05, 5 pages.**
- **Request for Designated Doctor dated 9/29/05, 2 pages.**
- **Work Conditioning Program (date unspecified), 2 pages.**
- **Medical Examination dated 8/23/05, 10 pages.**
- **Medical Records Cover Sheet dated 8/15/05, 5 pages.**
- **Email Regarding PRI Files dated 8/12/05, 1 page.**

- **Appointment Confirmation dated 8/1/05, 2 pages.**
- **Anesthesia Record dated 6/1/05, 3/9/05, 2 pages.**
- **Required Medical Examination Notice or Request for Order (date unspecified), 1 page.**
- **Transitional Work Notice dated 6/7/05, 2 pages.**
- **Notice of Transfer of Claim to Another Field Office dated 4/21/05, 4/19/05, 4/14/05, 3 pages.**
- **Report of Evaluation dated 11/9/05, 10/7/05, 6 pages.**
- **Notification of Maximum Improvement dated 10/24/05, 2 pages.**
- **Request dated 10/18/05, 1 page.**
- **Designated Doctor Evaluation dated 11/9/05, 3 pages.**
- **Functional Abilities Evaluation dated 8/23/05, 12 pages.**
- **Billing Retrospective Review dated 8/22/05, 4 pages.**
- **Product Purchase Agreement dated 4/7/05, 3/17/05, 2 pages.**
- **Office Visit dated 4/7/05, 3/17/05, 3/3/05, 6 pages.**
- **Wage Statement Calculation Worksheet (date unspecified), 1 page.**
- **Employer's Wage Statement (date unspecified), 1 page.**
- **ISO Claim Search Summary dated 3/16/05, 3 pages.**
- **Discharge Instructions dated 3/9/05, 1 page.**
- **Doctor's First Report dated 3/1/05, 1 page.**
- **Hourly Position Description dated 3/1/02, 1 page.**
- **Wage Information dated 2/5/05, 1/29/05, 1/22/05, 1/15/05, 1/8/05, 1/1/05, 12/25/04, 12/18/04, 12/11/04, 12/4/04, 11/27/04, 11/20/04, 11/13/04, 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for:

1) Office visits (99212)
2) Office visits (99213).
3) Therapeutic exercises (97110).
4) Manual therapy technique (97140).
5) Electrical stimulation (G0283).
6) Neuromuscular re-education (97112).

Dates of service 5/9/05 through 8/19/05.

Determination:

1) **UPHELD** - Office visit (99212) on 6/20/05, 6/23/05, 6/24/05, 6/27/05, 6/29/05, 7/1/05, 7/11/05, 7/12/05, 7/15/05, 7/20/05, 7/21/05, 7/22/05, 8/15/05, 8/18/05 and 8/19/05.
2) **UPHELD** - Office visit (99213) on 5/9/05, 5/13/05, 5/16/05, 5/18/05, 5/19/05, 5/20/05 and 5/31/05.
3) **REVERSED** –Therapeutic exercises (97110) on 6/20/05, 6/23/05 6/24/05, 6/27/05, 6/29/05, 7/1/05, 7/11/05, 7/12/05, 7/15/05,7/20/05, 7/21/05, 7/22/05, 8/15/05, 8/18/05, and 8/19/05
4) **UPHELD** - Manual therapy (97140) on 6/20/05, 6/23/05, 6/24/05, 6/27/05, 6/29/05, 7/1/05, 7/11/05, 7/12/05, 7/15/05, 7/20/05, 7/21/05, 7/22/05, 8/15/05, 8/18/05, and 8/19/05.
5) **REVERSED** –Electrical stimulation (G0238) on 6/20/05, 6/23/05 and 6/24/05
6) **UPHELD** - Neuromuscular re-education (97112) on 6/27/05, 6/29/05, 7/1/05, 7/11/05, 7/15/05, 7/20/05, 7/21/05, 7/22/05, 8/15/05, 8/18/05 and 8/19/05.

Rationale:

Patient's age:
Gender:
Date of Injury: ___
Mechanism of Injury: Lifting two pieces of wood that were 2 x 6 x 28 feet in Length, and twisted his right wrist.
Diagnoses: Post surgical right wrist, post right wrist navicular and lunate fractures.

The patient initially was treated at Concentra where he had X-rays which revealed a dislocation of the lunate bone of the wrist. He was given medications and a course of physical therapy, three times per week for the right hand and wrist. On 3/3/05, the patient saw Dr. Metzger, MD, an orthopedic surgeon, and he opined that the patient required immediate surgery, and that post-operatively, the patient would most likely be left with at least a 50% loss of wrist motion after the surgery, and postoperative recovery was anticipated to be gradual and possibly as long as two years in duration.

The patient had hand surgery on 3/9/05, by Dr. Charles Metzger, with procedures consisting of a right lunate open reduction and pinning, a right wrist Blatt capsulodesis, as well as a right open carpal tunnel release. He was to have started occupational therapy on the seventh day postoperatively. According to the notes from Dr. Metzger, dated 4/7/05, the patient did not do this, and Dr. Metzger ordered him to start occupational therapy right away. Instead, the claimant began chiropractic therapy with Dr. Schwartz, DC, at Horizon. On 4/21/05, X-rays of the wrist revealed good alignment. The case summary from Bose Consulting, indicated a second surgery date of 5/9/05; however there was no operative report to confirm this date. Subsequently, the patient's bandage dressing was changed by a chiropractor, Dr. Schwartz, according to the daily notes from 5/9/05 through at least 5/31/05, with application of peroxide and Mercurochrome and re-application of the splint. X-rays on 5/19/05, indicated good alignment of the fractures of the navicular and lunate with pin placement. (there were no previous reports of a fracture; but only dislocation of the lunate).

There was an operative report that appeared to reflect surgery on 6/1/05 with Dr. Varone, MD, a hand specialist, due to complications with infection and the pins falling out. The 6/1/05 operative report indicated that the procedure consisted of excision of a draining fistula of the hand and wrist area, a fistulectomy, an excision of fibrotic tissue, reconstruction of the dorsum of the hand and wrist with advancement flap, and excision of fibrotic, necrotic and granulation tissue of the radial aspect of the right wrist. On the ulnar aspect of the right wrist, a contracture release with excision of the necrotic and hypertrophic tissue were performed. The patient was returned to Carrie Schwartz, DC for postoperative therapy for the right wrist, and he was subsequently released by Dr. Varone, MD. It appeared that the patient had ongoing physical therapy from 6/15/05 to at least 8/19/05. The office note from Dr. Varone indicated that he saw the patient on 8/18/05, at which time he recommended even more therapy to address the problems with flexion and extension of the wrist.

The patient had a Functional Capacity Evaluation (FCE) on 7/29/05, which indicated that he was capable of performing only a sedentary-light physical demand level for a heavy demand level job description. On the 8/29/05 FCE he was found improved to the level of light-medium duty demand level for his heavy demand level forklift driver occupation. This FCE, by Scott Harrell, DC, also indicated that the claimant was left hand dominant (page 5). This was inconsistent with a prior FCE performed by Dr. Harrell on 7/29/05, in which (on page 5) it stated that he is right hand dominant. A Required Medical Examiner (RME) Robert Francis, DC, also indicated that the claimant was right hand dominant on his examination of 8/23/05. Horizon Rehabilitation notes indicted, on 6/27/05, that he was right hand dominant. His treating chiropractor Dr. Schwartz, indicated he is left hand dominant on the 10/7/05 report of medical evaluation, and provided a 7% impairment whole person rating. The FCE on 8/23/05, page 3, indicated the patient was right hand dominant, and this was performed by Karl Erwin, MD, as ordered by Dr. Francis, DC. A 6/7/05 letter from Liberty Mutual nurse Kym Diaz, RN, indicated that he was left hand dominant and that his employer had available one-handed work duty for him.

The current request is to determine the medical necessity for disputed services from 5/9/05 to 8/19/05 consisting of:

1) Office visit (99212) on 6/20/05, 6/23/05, 6/24/05, 6/27/05, 6/29/05, 7/1/05, 7/11/05, 7/12/05, 7/15/05, 7/20/05, 7/21/05, 7/22/05, 8/15/05, 8/18/05 and 8/19/05. The medical necessity for this level of evaluation and management charge was not found within the provided documentation as referenced by the ChiroCode Book, 10th edition, section C, page 17, which indicates a focused history, focused examination and straightforward clinical decision making. There were no focused examination findings or other indications of focused history provided for these dates of service. Therefore, this procedure code was not supported by the documentation provided in this case.
2) Office visit (99213) on 5/9/05, 5/13/05, 5/16/05, 5/18/05, 5/19/05, 5/20/05and 5/31/05. The medical necessity for this level of evaluation and management charge was not found within the provided documentation, as referenced by the ChiroCode Book, 10th edition, section C, page 17, which indicates an expanded history, expanded examination and low clinical decision making. There were no expanded examination findings or other indications of expanded history provided for these dates of service. Therefore, the procedure code is not supported in the documentation.
3) Therapeutic exercises (97110) on 6/20/05, 6/23/05, 6/24/05, 6/27/05, 6/29/05, 7/1/05, 7/11/05, 7/12/05, 7/15/05, 7/20/05, 7/21/05, 7/22/05, 8/15/05, 8/18/05 and 8/19/05. The medical necessity for these dates of service were found due to the outlier status of this complicated post surgical patient, with problems of infection and subsequent functional loss of flexion and extension. Based upon the recommendations set out by the Official Disability Guidelines for the wrist, corresponding to surgical or non-surgical patients, at least 16 visits over an eight-week period are supported. With this patient's complicating factors, the visits from 6/20/05 to 8/19/05 would be found reasonable and medically necessary.
4) Manual therapy (97140) on 6/20/05, 6/23/05, 6/24/05, 6/27/05, 6/29/05, 7/1/05, 7/11/05, 7/12/05, 7/15/05, 7/20/05, 7/21/05, 7/22/05, 8/15/05, 8/18/05 and 8/19/05. The medical necessity for this procedure code was not found. There was a lack of specific documentation reflecting objective findings to justify this procedure. The daily notes lack specifics with regard to degrees of loss of motion and joint mobilization. Based upon the lack of appropriate documentation, this reviewer finds this charge to be not medically necessary. Moreover, there was no documentation that the surgeon recommended manual therapy in the postoperative management of this patient's injuries. The documentation failed to

provide clinical findings to support this procedure and, therefore, this procedure cannot be considered to be either medically appropriate or necessary.

5) Electrical stimulation (G0238) on 6/20/05, 6/23/05 and 6/24/05. The medical necessity for these dates of service was found at this time. This procedure was applied during the attempts of functional restorative therapy, and therefore, would be considered reasonable at the time they were provided for this post surgical patient. The Official Disability Guidelines would support this post surgical treatment.
6) Neuromuscular re-education (97112) on 6/27/05, 6/29/05, 7/1/05, 7/11/05, 7/15/05, 7/20/05, 7/21/05, 7/22/05, 8/15/05, 8/18/05 and 8/19/05. The medical necessity for this procedure was not found within the documentation received from this provider. Reference to the Blue Cross/Blue Shield Provider Facts, page 7, indicates that neuromuscular re-education can be necessary when there are documented impairments of the body, such as loss of deep tendon reflexes or vibration sense accompanied by paresthesias, burning or diffuse pain in the fingers, nerve palsy, documented muscular weakness or flaccidity as a result of cerebral dysfunction, or having had a spinal cord disease or trauma, loss of gross or fine motor coordination and or balance deficits. The documentation received does not contain date(s) of service, objective measurements of strength, ranges of motion, mobility, balance or coordination deficits resulting from a neuromuscular impairment. Similarly, it did not document the patient's response to this specific treatment. Accordingly, the clinical documentation failed to establish a medical necessity for this procedure. Therefore, these charges were not found medically necessary.

Criteria/Guidelines utilized: TDI/DWC rules and regulations.

1) Official Disability Guidelines, Eleventh Edition, 2006.
2) ChiroCode Book, 10th Edition, Section C, page 17.
3) Blue Cross/Blue Shield Provider Facts, page 7.

Physician Reviewers Specialty: Chiropractor

Physician Reviewers Qualifications: Texas Licensed DC, BSRT, FIAMA Chiropractor 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.