



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: Locascio Care Clinic 433 W 12 th Street Dallas, Texas 75208	MDR Tracking No.: M5-06-0790-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: American Casualty Company Box 47	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 "Services were medically necessary"

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to DWC-60
POSITION SUMMARY: "It is the carrier's position that the services performed from 7/18/2005 through 8/24/2005 with cpt codes 99212-25, 97112, 97110, G0283, 97035-59, 98940 and 98943 were not medically necessary".

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
07-18-05 to 08-24-05	99212-25, 97140-59, 97112, G0283, 97035-59, 98940 and 98943	<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 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

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 reimbursement for the services involved in this dispute and is not entitled to a refund of the paid IRO fee.

Findings and Decision by:

02-14-06

Authorized Signature

Date of Findings and Decision

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

Claimant Name: _____
Texas IRO #: _____
MDR #: M5-06-0790-01
Social Security #: _____
Treating Provider: Daniel Diaz, DC
Review: Chart
State: TX
Date Completed: 2/13/06

Review Data:

- Legal Letter dated 1/13/06, 2 pages.
- Physical Performance Evaluation dated 1/12/06, 9 pages.
- Notification of IRO Assignment dated 1/9/06, 1 page.
- Receipt of Request dated 1/9/06, 1 page.
- Medical Dispute Resolution Request dated 12/19/05, 1 page.
- List of Treating Providers (date unspecified), 1 page.
- Table of Disputed Services dated 8/24/05, 8/23/05, 8/22/05, 8/17/05, 8/16/05, 8/15/05, 8/10/05, 8/9/05, 8/8/05, 8/4/05, 8/2/05, 8/1/05, 7/27/05, 7/26/05, 7/21/05, 7/20/05, 7/19/05, 7/18/05, 6 pages.
- Order for Payment of Independent Review Organization Fee dated 1/25/06, 1 page.
- Explanation of Review dated 8/24/05, 8/23/05, 8/22/05, 8/17/05, 8/16/05, 8/15/05, 8/10/05, 8/9/05, 8/8/05, 8/4/05, 7/27/05, 7/26/05, 7/25/05, 7/21/05, 7/20/05, 7/19/05, 7/18/05, 10 pages.
- Operative Reports dated 12/6/05, 2 pages.
- Anesthesia Record dated 12/6/05, 1 page.
- Procedure Report dated 12/20/05, 1 page.
- Medical Necessity dated 12/27/05, 1 page.
- Flow Sheet dated 12/28/05, 12/27/05, 12/22/05, 12/21/05, 1 page.
- Locascio Care Clinic Daily Notes dated 12/29/05, 12/28/05, 12/27/05, 11/28/05, 11/14/05, 11/8/05, 10/31/05, 10/24/05, 10/17/05, 10/10/05, 10/3/05, 9/26/05, 9/19/05, 9/13/05, 9/8/05, 9/7/05, 9/6/05, 9/1/05, 8/31/05, 8/29/05, 8/24/05, 8/23/05, 8/22/05, 8/18/05, 8/17/05, 8/16/05, 8/15/05, 8/10/05, 8/9/05, 8/8/05, 8/4/05, 8/2/05, 8/1/05, 7/27/05, 7/26/05, 7/25/05, 7/20/05, 7/19/05, 7/18/05, 7/14/05, 40 pages.
- Procedure Request dated 11/28/05, 10/20/05, 8/1/05, 8 pages.
- Office Visits dated 11/16/05, 10/10/05, 8/19/05, 8/4/05, 5 pages.
- History and Physical dated 12/14/05, 1 page.
- Appeal Letter dated 10/24/05, 9/13/05, 6 pages.
- Report of Medical Evaluation dated 9/8/05, 7/24/05, 15 pages.
- Medical Record Review dated 9/15/05, 3 pages.
- Texas Workers' Compensation Work Status Reports dated 8/24/05, 8/19/05, 8/10/05, 8/4/05, 7/14/05, 6/7/05, 6 pages.
- Letter from Concentra Medical Centers dated 9/15/05, 8/25/05, 2 pages.
- Questionnaire dated 9/13/05, 4 pages.
- Range of Motion Examination dated 9/9/05, 8/18/05, 19 pages.
- Review of Findings or Test Data dated 9/2/05, 8/26/05, 8/1/05, 3 pages.
- Request for Taxpayer Identification Number and Certification dated 7/20/05, 1 page.
- Impairment Rating Examination dated 8/24/05, 2 pages.
- Consultation (date unspecified), 4 pages.
- Home Exercise Program (Date unspecified), 21 pages.
- New Patient Visit dated 8/19/05, 3 pages.
- Neurology Report dated 8/19/05, 4 pages.
- Enclosure Cover Sheet dated 8/19/05, 1 page.
- Follow-up Visit dated 8/18/05, 2 pages.
- Examination dated 8/18/05, 1 page.
- Statement of Medical Necessity dated 8/18/05, 2 pages.
- Employee's Request to Change Treating Doctor's dated 8/15/05, 1 page.
- Request dated 8/11/05, 1 page.
- Injection Permit dated 8/4/05, 1 page.
- Medical Record Review dated 8/1/05, 3 pages.
- Lumbar Spine MRI dated 7/25/05, 2 pages.
- Initial Medical Report – Workers' Compensation Insurance dated 7/14/05, 1 page.
- Chiropractic/Orthopedic/Neurological Examination dated 7/14/05, 5 pages.
- Kclinic Rehabilitation Centers Treatment Program Visits dated 7/13/05, 7/8/05, 7/7/05, 7/1/05, 6/30/05, 6/29/05, 6/24/05, 6/23/05, 6/22/05, 6/17/05, 6/16/05, 6 pages.
- Prescriptions dated 9/2/05, 7/14/05, 3 pages.

- Progress SOAP Notes dated 7/13/05, 7/8/05, 7/7/05, 7/1/05, 6/30/05, 6/29/05, 6/23/05, 6/22/05, 6/17/05, 6/16/05, 6/15/05, 11 pages.
- Right Knee MRI dated 6/27/05, 6/23/05, 4 pages.
- Workers' Compensation Translated to Spanish dated 7/13/05, 1 page.
- Present Symptoms Sheet dated 7/8/05, 1 page.
- Physician Progress Reports dated 7/14/05, 7/7/05, 6/29/05, 6/22/05, 6/14/05, 5 pages.
- Occupational Therapy Functional Capacity Evaluation dated 4 pages.
- Texas Workers' Compensation Commission Statement of Pharmacy Services dated 6/23/05, 3 pages.
- Right Shoulder X-ray dated 6/14/05, 1 page.
- Occupational Therapy Initial Evaluation dated 6/15/05, 3 pages.
- Psychological Services Note dated 6/15/05, 1 page.
- Treatment Program dated 6/13/05, 6/9/05, 6/8/05, 3 pages.
- Workers' Compensation Initial Evaluation dated 6/7/05, 3 pages.
- Physician Initial Report dated 6/7/05, 2 pages.
- Daily Notes dated 6/3/05, 6/1/05, 5/31/05, 5/26/05, 13 pages.
- Daily Progress Note dated 6/2/05, 1 page.
- Article Regarding CryoDerm Cryotherapy Spray (date unspecified), 1 page.
- Interpretation Sheets dated 8/18/05, 8/4/05, 4 pages.
- Certificate of Medical Necessity dated 9/2/05, 1 page.

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

- 1) Office visits (99212-25).
- 2) Manual therapy technique (97140-59).
- 3) Neuromuscular re-education (97112).
- 4) Electrical stimulation (G0283).
- 5) Ultrasound (97035-59).
- 6) Chiropractic manual treatment (98940)
- 7) Chiropractic manual treatment (98943).

Dates of service were 7/18/05 through 8/24/05.

Determination: UPHELD:

- 1) Office visit/Evaluation and Management (99212-25) on dates of service of 7/18/05, 7/19/05, 7/20/05, 7/21/05, 7/26/05, 7/27/05, 8/1/05, 8/2/05, 8/4/05, 8/8/05, 8/9/05, 8/10/05, 8/15/05, 8/16/05, 8/17/05, 8/22/05, 8/23/05, and 8/24/05.
- 2) Manual Therapy Technique (97140-59) on dates of service of 7/18/05, 7/19/05, 7/20/05, 7/21/05, 7/26/05, 7/27/05, 8/1/05, 8/2/05, 8/4/05, 8/8/05, 8/9/05, 8/10/05, 8/15/05, 8/16/05, 8/17/05, 8/22/05, 8/23/05 and 8/24/05.
- 3) Neuromuscular Re-education (97112) for dates of service 7/18/05, 7/19/05, 7/20/05, 7/21/05, 7/26/05, 7/27/05, 8/1/05, 8/2/05, 8/4/05, 8/8/05, 8/9/05, 8/10/05, 8/15/05, 8/16/05 and 8/17/05.
- 4) Electrical stimulation (G0283) on dates of service of 7/18/05, 7/19/05, 7/20/05, 7/21/05, 7/26/05, 7/27/05, 8/1/05, 8/2/05, 8/4/05, 8/8/05, 8/9/05, 8/10/05, 8/15/05, 8/16/05, 8/17/05, 8/22/05, 8/23/05, and 8/24/05.
- 5) Ultrasound (97035-59) for dates of service of 7/18/05, 7/19/05, 7/20/05, 7/21/05, 7/26/05, 7/27/05, 8/1/05, 8/2/05, 8/4/05, 8/8/05, 8/9/05, 8/10/05, 8/15/05, 8/16/05, 8/17/05, 8/22/05, 8/23/05 and 8/24/05.
- 6) Chiropractic manual treatment regions (98940) on date of service 8/22/05.
- 7) Chiropractic manual treatment (98943) on date of service of 8/22/05.

Rationale:

Patient's age:

Gender:

Date of Injury:

Mechanism of Injury: 1) While working at ___ usual job capacity as a service station assistant/detail technician cleaning a car, apparently she got her left foot caught on a screw that was on the ground. This screw caused her whole body to torque. She twisted, falling onto the cement beneath her. She fell in a twisting motion, falling onto both her knees and twisting her back. 2) Another description includes her getting out of a car when her shoelace got caught on a bolt in the car causing her to fall down onto her right side, right knee and right shoulder.

Diagnoses: lumbar strain, right shoulder contusion, right knee contusion, subsequent diagnoses include internal derangement of right knee, lumbar intervertebral disc disorder and intra-articular cartilage disorder of right shoulder.

The patient was initially sent to Concentra Medical Clinic and was given medications, extensive physical therapy and rehabilitation exercises, which she claimed, aggravated her condition. She did not improve, and later presented to the K-clinic where she was given about one month of physical therapy and extensive rehabilitation, but still did not get any pain relief. The patient then presented to Dr. LoCascio, DC, on 7/14/05, for more extensive therapy, rehabilitation and additional diagnostic studies were performed. Her symptoms improved only slightly and she continued to endure considerable difficulties. Accordingly, she was referred for an orthopedic evaluation with Kenneth S. Bayles, D.O., on 8/4/05. Dr. Bayles advised her to continue physical therapy and rehabilitation with Dr. LoCascio, DC.

There was a record review by Dorothy Leong, MD, a physical medicine and rehabilitation specialist, on 8/1/05, which indicated that this patient had a soft tissue injury to the right shoulder, right knee and low back that did not require further diagnostic studies, ongoing therapy, durable medical equipment, pain management, work conditioning program, work hardening program or any type of surgical intervention. Dr. Leong offered a summary of findings on X-rays of 6/14/05, which revealed a normal lumbar spine, right knee and right shoulder. An MRI study of the right shoulder, performed on 6/23/05, indicated normal findings, and the MRI study of the right knee on 6/23/05, revealed patellofemoral chondromalacia, a meniscal cyst, a small effusion of the knee joint and early patellar tendinosis. Dr. Leong also indicated the patient had full range of motion of the right knee, despite the MRI findings. The MRI report of the lumbar spine, performed on 7/25/05, revealed an L4-5 1mm disc bulge without encroachment, an L5-S1 2mm disc protrusion with mild bilateral foraminal narrowing and extensive facet hypertrophy without ligamentum flavum thickening.

There was a therapy note from the K-Clinic therapist, dated 7/13/05 (the day before she went to the chiropractic provider), documenting that she was told to continue therapy exercises at home. Dr. Robert N. Silva, MD was her treating doctor at the time, and on his notes of 7/14/05, he wrote "hold on PT/OT for now" and he documented no significant change in her status. A functional capacity evaluation was performed on 7/6/05 with Dr. Kechejian, MD, and he indicated that she would complete her rehabilitation program on 7/13/05. He also advised an orthopedic surgery consult and follow-up with Dr. Silva. Dr. Kechejian's examination, on 6/7/05, indicated normal and full range of motion of the right knee with pain. The right shoulder range of motion was decreased by 35-40% and Neer's and Hawkin's signs were positive. The right knee showed no effusion or crepitus and all orthopedic testing of the knee was negative. Lumbar spine range of motion was decreased by 30-35% with negative straight leg raising to 90 degrees bilaterally. She was able to heel and toe walk with increased pain. Further documentation revealed that the patient had surgical intervention on the right knee, performed on 12/6/05 by Scott Ellis, M.D., with arthroscopic chondroplasty of the medial femoral condyle and patella, removal of loose bodies, partial right lateral meniscectomy and an injection of Marcain and Kenalog. Postoperatively, the patient received an extensive amount of rehabilitation.

The current request is to determine the medical necessity for items in dispute performed from 7/18/05 to 8/24/05, consisting of: 1) 99212-25 - Office visit/Evaluation and Management code (self limited or minor) on 7/18/05 (no exam offered on that date), 7/19/05, 7/20/05, 7/21/05, 7/26/05, 7/27/05, 8/1/05, 8/2/05, 8/4/05, 8/8/05, 8/9/05, 8/10/05, 8/15/05, 8/16/05, 8/17/05, 8/22/05 (additionally, should not be performed on the date of a CMT charge), 8/23/05, 8/24/05. The medical necessity for this level of E/M code was not established within the documentation for these dates. The documentation failed to provide information regarding this level of evaluation and management. Additionally, the patient had received a significant amount of physical therapy and rehabilitative care from the Concentra Rehabilitation Department and, subsequently, from the K-Clinic. As discussed above, the latter facility then transitioned this patient to a home exercise program. Even Dr. Silva, on 7/14/05, felt that any occupational

or physical therapy should be put on hold and not be continued, at that time. Based upon the foregoing, the medical necessity for this additional formal physical therapy and rehabilitation with this evaluation and management code would not be found medically necessary for these dates of service.

2) 97140-59 - Manual Therapy Technique on 7/18/05, 7/19/05, 7/20/05, 7/21/05, 7/26/05, 7/27/05, 8/1/05, 8/2/05, 8/4/05, 8/8/05, 8/9/05, 8/10/05, 8/15/05, 8/16/05, 8/17/05, 8/22/05, 8/23/05 and 8/24/05. The documentation failed to establish the medical necessity for this procedure, which appeared to be myofascial release techniques to the lumbar spine and right knee. Additionally, the patient had received a significant amount of physical therapy and rehabilitative care from Concentra Rehabilitation Department and subsequently from the K-Clinic, from where she was transitioned to a home exercise program. As detailed above, Dr. Silva, MD felt that any occupational or physical therapy should not be continued, on 7/14/05. Therefore, the medical necessity for this additional formal physical therapy and rehab has not been established.

3) 97112 - Neuromuscular Re-education on 7/18/05, 7/19/05, 7/20/05, 7/21/05, 7/26/05, 7/27/05, 8/1/05, 8/2/05, 8/4/05, 8/8/05, 8/9/05, 8/10/05, 8/15/05, 8/16/05 and 8/17/05. The patient had received a significant amount of physical therapy and rehabilitative care and therapeutic exercises from Concentra Rehabilitation department and subsequently from the K-Clinic, from where she was transitioned to a home exercise program. Robert N. Silva, MD was her treating physician, whose progress notes of 7/14/05 documented "hold on PT/OT for now" and he documented "no significant change in her status." Therefore, the medical necessity for this additional formal physical therapy and rehabilitation with neuromuscular re-education has not been established. Moreover, there were no deficits documented which might have established the medical necessity for the procedure(s) in question hereunder. She was provided an adequate previous trial of care within the rules and regulations of the Texas Department of Insurance, which failed to improve her condition. Therefore, the medical necessity for this additional formal neuromuscular re-education has not been established.

4) G0283 - Electrical stimulation on 7/18/05, 7/19/05, 7/20/05, 7/21/05, 7/26/05, 7/27/05, 8/1/05, 8/2/05, 8/4/05, 8/8/05, 8/9/05, 8/10/05, 8/15/05, 8/16/05, 8/17/05, 8/22/05, 8/23/05 and 8/24/05. The patient had received a significant amount of physical therapy and rehabilitative care from Concentra Rehabilitation Department and, subsequently, the K-Clinic advised her to continue with home exercises. Robert N. Silva, M.D. was her treating physician at the time, whose progress notes of 7/14/05 documented "hold on PT/OT for now" and he documented "no significant change in her status." Based upon the foregoing, the medical necessity for electrical stimulation on the dates detailed above has not been established. Moreover, she was provided an adequate trial of care within the rules and regulations of Texas Department of Insurance, which failed to improve her condition. Therefore, the medical necessity for the intervention in question hereunder was not found.

5) 97035-59 - Ultrasound on 7/18/05, 7/19/05, 7/20/05, 7/21/05, 7/26/05, 7/27/05, 8/1/05, 8/2/05, 8/4/05, 8/8/05, 8/9/05, 8/10/05, 8/15/05, 8/16/05, 8/17/05, 8/22/05, 8/23/05 and 8/24/05. The patient had received a significant amount of physical therapy and rehabilitative care from Concentra Rehabilitation Department and, subsequently, the K-Clinic advised her to continue with home exercises. Robert N. Silva, MD was her treating physician at the time, whose notes of 7/14/05, documented "hold on PT/OT for now" and he documented "no significant change in her status." Therefore, the medical necessity for ultrasound on the dates detailed above has not been established. She was provided an adequate trial of care within the rules and regulations of the Texas Department of Insurance, which failed to improve her condition.

6) 98940 - Chiropractic manipulative treatment-spinal one to two regions on 8/22/05. There was no evidence of documented subluxation or fixation complex on the progress notes corresponding to 8/22/05. Therefore, the medical necessity for this procedure cannot be established.

7) 98943 - Chiropractic manipulative treatment-extra spinal, one or more regions on 8/22/05. There was no evidence of documented subluxation or fixation complex for an extremity corresponding to this date of service. Therefore, the medical necessity for this procedure cannot be established.

Criteria/Guidelines utilized: TDI/DWC rules and regulations. ACOEM Guidelines, 2nd Edition, Chapters 9, 12 and 13.

Physician Reviewers Specialty: Chiropractor

Physician Reviewers Qualifications: Texas licensed D.C., 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.