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: Moore Chiropractic 8756-B Research Blvd Austin, Texas 78758	MDR Tracking No.: M5-06-0813-01 Claim No.: Injured Employee's Name:
Respondent's Name and Address: American Home Assurance Box 19	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: None submitted

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to DWC-60
POSITION SUMMARY: None submitted

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
02-11-05 to 04-21-05	98940,G0283, 97024, 97124 and 97110	☐ Yes ☒ No	$0.00
03-07-05 and 04-06-05	99211 ($24.73 X 2 DOS)	☒ Yes ☐ No	$49.46
03-07-05	99080-73	☒ Yes ☐ No	$15.00
		TOTAL	$64.46

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, 134.202(c)(1) and 129.5

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 $64.46. In addition, 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:

		03-10-06
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.

MATUTECH, INC.

PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544

March 6, 2006

Texas Department of Insurance
Division of Workers' Compensation
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MRD#: m5-06-0813-01
DWCC#:
Injured Employee:
DOI:
IRO Certificate No. IRO5317

Dear Ms. Torres:

Matutech, Inc. has performed an Independent review of the medical records of the above-named case to determine medical necessity. In performing this review, Matutech reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

Matutech certifies that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him the provider, 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 Independent Review Organization.

Information and medical records pertinent to this medical dispute were obtained from Moore Chiropractic. The Independent review was performed by a matched peer with the treating health care provider. This case was reviewed by the physician who is licensed in Chiropractic, and is currently on the TWCC Approved Doctor list.

Sincerely,

John Kasperbauer
Matutech, Inc.

REVIEWER'S REPORT

Information provided for review:

Request for Independent Review

Information provided by Moore Chiropractic

Office notes (09/08/04-08/07/05)
Diagnostics (01/17/05 & 03/30/05)
Physical therapy notes (01/21/05-04/21/05)

Information provided by American Home Assurance Co .:
Retrospective reviews (03/14/05-05/04/05)

Independent Medical Examination by Casey Cochran, D.O. (04/26/05)
Retrospective review by Philip Osborne, M.D. (08/07/05)

Clinical History:

The patient is a 42-year-old female who strained her back while unloading a pallet. M. A. Saeed, M.D., assessed gluteal sprain and musculoskeletal pain. He prescribed Flexeril, Lortab, and Darvocet. X-rays of the right hip were unremarkable. In January 2005, the patient attended three PT sessions at HealthSouth consisting of electrical stimulation, cryotherapy, soft tissue mobilization and exercises. From January 21, 2005, through April 22, 2005, Ms. attended 34 sessions of chiropractic and physical therapy (PT) with Michele Moore, D.C. The modalities included interferential, adjustments, hot/cold pack applications, diathermy, muscle stimulation, massage, and exercises. Vivek Mahendru, M.D., a pain specialist, diagnosed right piriformis syndrome and administered two piriformis injections. He prescribed Zanaflex. Magnetic resonance imaging (MRI) of the lumbar spine was unremarkable.

From March 14, 2005, through May 4, 2005, there were many retrospective reviews regarding the medical necessity of chiropractic and PT services. These were denied and the opinions were as follows: (1) Diathermy and electrical stimulation were not efficacious in the treatment of Ms. condition. An appropriate chiropractic therapy should not exceed 18 visits. (2) There were no documented benefits from the therapy. The number of visits were excessive and without support from any guideline or standard. (3) The continued treatment could be detrimental as it might serve to promote physician dependency, somatization, continued chronicity, illness behavior, and deconditioning. (4) The submitted records did not clearly reflect any significant credible or valid measurable improvement and did not provide justification or warrant the need for these submitted services.

Dr. Moore assessed maximum medical improvement (MMI) as of April 22, 2005, and assigned whole person impairment (WPI) rating of 5%. Casey Cochran, M.D., rendered the following opinions: (1) There was no firm evidence of actual structural damage. Ms. had an unverifiable soft tissue injury. (2) Her symptoms were compatible with pyriformis syndrome. (3) She had reached a point where further active treatment would not be beneficial. (4) The injury did not extend to the lumbar spine. (5) As per a functional capacity evaluation (FCE), she could return to her usual occupational duties as she demonstrated an ability to perform within the unrestricted medium physical demand level.

On August 7, 2005, Philip Osborne, M.D., performed a retrospective review regarding the medical necessity of the modalities, 98940, G0283, 97024, 99080, and 97124. He rendered the following opinions: (1) There was no reason why Ms. could not be independent on a home exercise program (HEP) after the number of prior visits. There was no evidence to support the need for a monitored therapy. (2) Per ODG-TWC, there was no proven efficacy of diathermy in low back symptoms. (3) The number of visits were excessive and without support from any known guideline or standard. (4) Chiropractic therapy was not necessary after the first month. (5) After a maximum of 4 weeks of manual procedures without significant improvement, continuing treatment might not be appropriate as per Mercy Guidelines.

The amount billed for the services rendered from February 11, 2005 through April 22, 2005, was $2383. This was being disputed.

Disputed Services:

98940-Chiropractic manual treatment, G0283-Electrical stimulation, 97024-Diathermy, 97124-Massage, 99080-73-Report, 97110-Therapeutic exercises, 99211-Office visit denied for medical necessity. Dates of service: February 11, 2005 through April 22, 2005.

Explanation of Findings:

Based on the treating doctor's initial assessment, she believed that the case involved a lumbar spine injury (lumbar disc protrusion causing right lower extremity pain) and initiated a treatment plan of spinal manipulation (CMT 98940). There was no objective finding of a lumbar spine injury or relatedness of the lumbar spine to the compensable event so the requirement for lumbar spine manipulation is not supported. The treating doctor reported on 06/02/2005 that she was manipulating the femur yet the requirement for this procedure, the benefit of the procedure, or the associated lesion requiring the procedure was not established in the documentation.

The passive modalities (G0283, 97024, and 97124) would be reasonable over 4 weeks duration. The employee began receiving physiotherapy on 01/17/2005 and would be reasonable through 02/17/2005. The repeated use of passive therapies as reported by

Drs. Hamby and Osborne was not supported by chiropractic and occupational medicine guidelines beyond 02/17/2005.

Office visits are reasonable on a monthly basis to manage and monitor a case until the claimant is certified at maximum medical improvement. In this case, the employee had an unverified soft tissue injury. According to Federal HCFA guidelines, the ACA coding guidance, the Chiro Code Desk Book, and other coding guidelines utilized by the chiropractic profession, the uses of E/M codes (992xx codes) are reserved for a separate and distinct examination only if the patient's condition requires a significant, separately identifiable service. In usual practice, this means that the use of the E/M codes is appropriate for an initial examination, periodic re-examinations, and when the patient presents with a new condition or exacerbation. In this case, 99211 would be reasonable on 03/07/2005 and 04/06/2005 with the claimant certified at MMI on 04/22/2005. It would appear that the TWCC-73s (99080) provided on 03/07/2005 would be reasonable to report the work status of the employee.

The therapeutic exercises (CPT 97110) provided on 04/11/2005 and 04/21/2005 were not adequately defined in the documentation to support the claim.

Conclusion/Decision To Uphold, Overturn or Partially Uphold/Overturn denial:

The decision is to partially uphold denial.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

The criteria used in this case consisted of the documentation of the treatment provided and the relevant scientific literature regarding the utilization of healthcare. The bulk of treatment in this case was based on the subjective complaints from the employee without any remarkable objective finding to support the intensive therapeutic approach of passive modalities.

The physician providing this review is a Doctor of Chiropractic. The reviewer is certified by the National Board of Chiropractic Examiners. The reviewer has been in active practice for 22 years.

Matutech is forwarding this decision by mail and in the case of time sensitive matters by facsimile to the Texas Department of Insurance- DWC.

Matutech retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by Matutech clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the Utilization Review Accreditation Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by Matutech represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to Matutech for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Matutech assumes no liability for the opinions of its contracted physicians and/or clinician advisors the health plan, organization or other party authorizing this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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.