



**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

<b>Type of Requestor:</b> (X) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor=s Name and Address:	MDR Tracking No.: M5-06-0863-01
Integra Specialty Group, P. A. 517 North Carrier Parkway, Suite G Grand Prairie, TX 75050	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:
TX Mutual Insurance Company, Box 54	

#### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC-60 package. Position Summary states, "Documented medical necessity."

#### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC-60 response. Position Summary states, "Texas Mutual requests that the request for dispute resolution filed be conducted under the provisions of the APA set out above."

#### 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)
5-10-05 – 6-15-05	CPT codes 99213, 97032, 97140, 97035, 97110	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0

#### 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**

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

Findings and Decision by:

Donna Auby

3-8-06

Authorized Signature

Typed Name

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.**

March 3, 2006

TX DEPT OF INS DIV OF WC  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_\_

EMPLOYEE: \_\_\_\_

POLICY: M5-06-0863-01

CLIENT TRACKING NUMBER: M5-06-0863-01-5278

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Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIoA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIoA has performed an independent review of the proposed care 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing 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.

**Records Received:**

Records from the State:

- 1 page Notification of IRO Assignment dated 2/2/06 from Texas Department of Insurance, Division of Workers' Compensation
- 1 page IRO Assignment letter dated 2/2/06 addressed to Medical Review Institute of America from Texas Department of Insurance, Division of Workers' Compensation
- 3 pages Medical Dispute Resolution Request/Response date stamped 1/4/06 from Integra Specialty Group, P.A. for a total of \$1185.41 billed and \$1052.53 in dispute
- 11 pages Explanation of Benefits from Texas Mutual Insurance Company for dates 5/10/05 to 6/15/05, total of 11 visits and \$2,483.14

Records from Requestor:

- 3 pages IRO Position Statement from Integra Specialty Group. P.A undated
- 1 page Hand & Upper Extremity Therapy Referral dated 4/25/05 from Basith M. Ghazali, M.D., Plastic & Reconstructive Surgery for "gentle stretching of the distal interphalangeal joint for 2 weeks
- 46 pages computer-generated S.O.A.P. Notes for dated 5/10/05 to 9/13/05 from Integra Specialty Group. P.A
- 3 page letter dated 2/28/06 addressed to Medical Review Institute of America from Texas Mutual Insurance Company
- 3 pages Transcription from Concentra Medical Centers for dates 4/5/04 and 4/6/04
- 11) 19 pages S.O.A.P. Notes from Integra Specialty Group. P.A. for dates 4/7/04 to 5/20/05
- 2 pages Initial Evaluation dated 4/9/04 from Andrew B. Small, III, M.D
- 1 page Transcription dated 9/25/04 from Kindred Hospital-Dallas, dictated by Robert Ippolito, M.D
- 3 pages letter from Lankford Hand Surgery Association dated 10/21/04 and signed by David J. Zehr, M.D
- 2 pages Operative Report dated 4/19/05 from Medical Centre Surgical Hospital, unsigned by Basith M. Ghazali, M.D
- 4 pages Pinch exam dated 05/20/05
- 1 page TWCC-69-Report of Medical Evaluation dated 7/13/05.
- 2 pages letter dated 7/13/05 from Churchill Evaluation Centers addressed to Texas Workers' Compensation Commission and signed by William Vincent Healey, M.D.
- 1 page Review of Medical History & Physical Exam dated 7/13/05, unsigned by William Healey, M.D.
- 1 page TWCC-69-Report of Medical Evaluation dated 10/25/05.
- 2 pages Report of Medical Evaluation dated 10/25/05 from Churchill Evaluation Centers addressed to TDI-Department of Workers' Compensation, signed by William Vincent Healey, M.D.
- 4 pages Review of Medical History & Physical Exam dated 10/25/05, unsigned by William Healey, M.D.

**Summary of Treatment/Case History:**

The records clearly indicate the surgeon prescribed, "Gentle stretching of the distal interphalangeal joint," not electrical stimulation, manual therapy, ultrasound or therapeutic exercises. It is unclear why the doctor's of chiropractic provided such a multitude of services for a patient who was post-surgery on a finger. The prescription for "gentle stretching," could have

very easily been done by the patient for himself and certainly did not require a licensed facility or licensed supervision. The records indicate a plethora of services and a very long course of treatment, surgery, psychological counseling, work hardening (work conditioning), etc.

**Questions for Review:**

Were the office visits #99213, electrical stimulation #97032, manual therapy technique #97140, ultrasound #97035 and therapeutic exercises #97110 from 5/10/05 to 6/15/05 medically necessary.

**Explanation of Findings:**

Were the office visits #99213, electrical stimulation #97032, manual therapy technique #97140, ultrasound #97035 and therapeutic exercises #97110 from 5/10/05 to 6/15/05 medically necessary.

There does not appear to be any medical necessity shown for any E&M code or physical therapy modality/procedure codes.

Chapter 11, page 265 of the ACOEM guidelines state, "Physical modalities, such as massage, diathermy, cutaneous laser treatment, "cold" laser treatment, .....have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms." There is a lack of high-quality studies that indicate any efficacy in chronic hand, wrist, or forearm complaints by any passive physical therapy modalities. There is a lack of high-quality scientific studies that clearly indicate any efficacy of manual therapy, ultrasound or therapeutic exercises in addressing a patient who has experienced surgery on a finger.

What is recommended in this type of case is set forth in Table 11-7 on page 271 of the ACOEM guidelines which indicate, "Physical treatment methods" - Instructions for home exercise, optionally recommended is at home applications of heat or cold packs, and what is not recommended is passive modalities.

**Conclusion/Decision to Not Certify:**

Medical necessity is not shown for the services from 5/10/05 to 6/15/05 for office visits, electrical stimulation, manual therapy technique, ultrasound or therapeutic exercises.

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

This decision is based upon documentation, local and national community standards.

**References Used in Support of Decision:**

Occupational Medicine Practice Guidelines, 2nd Edition, American College of Occupational and Environmental Medicine, OEM Press, 2004. Citations are referenced in the text of the discussion

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This reviewer has been provided by a licensed chiropractor in active practice for over twenty years. This reviewer is a Board eligible Chiropractic Orthopedist and is a member of their state Chiropractic Association and the American Chiropractic Association. This reviewer specializes in disability evaluation, industrial injuries, roentgenology and independent medical examinations and is active in continuing education related to disability and impairment ratings. The reviewer has additional qualifications and training in Acupuncture. This reviewer is certified by their State Chiropractic Association in Industrial Disability examinations and evaluations.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

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The written opinions provided by MRIOA 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 MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America 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 agrees to hold MRIOA harmless for any and all claims which may arise as a result of 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.