



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: Syzygy Associates, L.P. P. O. Box 25006 Fort Worth, TX 76180	MDR Tracking No.: M5-06-0940-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: State Office of Risk Management, Box 45	Date of Injury:
	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, "Due to the age of these claims, we would appreciate reimbursement within the time frame as provided by DWC's Adopted Amendments to Rule 134.600."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC-60 response. Position Summary states, "This office will maintain its denial of services."

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)
9-16-05 – 10-28-05	CPT codes 97032, 97110, A4556, 97004	<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

3-16-06

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.

**IRO Medical Dispute Resolution M5 Retrospective Medical Necessity
IRO Decision Notification Letter**

Date:	03/14/2006
Injured Employee:	
MDR #:	M5-06-0940-01
DWC #:	
MCMC Certification #:	TDI IRO-5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Were the electrical stimulation 97032; therapeutic exercises 97110; electrodes A4556, and Occupational Therapy re-evaluation from 09/16/2005 to 10/28/2005 medically necessary?

DECISION: Upheld,

IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M5 Retrospective Medical Dispute Resolution on 03/14/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The medical necessity for the list of services and supplies captioned above is not established.

CLINICAL HISTORY:

Records indicate that the above captioned individual, a 53 year old female, was allegedly injured as a result of an occupational incident which reportedly occurred on _____. The history from the initial emergency facility indicates that she, during the normal course of her employment, felt dizzy and nauseous, was in a chair and passed out. This reportedly resulted in her striking her head. She initially complained of a frontal headache as well as neck and mid back pain. X-rays of the chest and CT of the head were unremarkable. On 12/02/2004 an MRI examination revealed a wide band protrusion at C5/6 without myelopathy but with mild right foraminal stenosis, and a protrusion at C6/7 with mild cord compression but without myelopathy. Neurodiagnostic testing performed on 12/08/2004 suggested evidence of bilateral carpal tunnel syndrome and chronic right leg radiculopathy. An electroencephalogram (EEG) was administered on 12/15/2004 which revealed normal findings. A whole body bone scan was performed on 03/21/2005 which suggested the presence or suspicion of dental disease, a left femur bone island, and right shoulder degenerative disease.

The injured individual sought advice and/or treatment at a myriad of consultative entities and changed treating doctors at least once and presumably twice during her course of care. Active exercise therapy was initiated on or before 02/25/2005, and continued through 07/12/2005. A series of epidural steroid injections (ESI's) were initiated on 06/22/2005, which reportedly resulted in 50% decrease in symptomatology.

It is not clear if another course of active care was initiated or if a change of doctor was requested and granted, however additional active therapy was initiated after an intake functional capacity exam (FCE) dated 08/30/2005, which revealed functional deficits, but suggested the possibility of psychosocial issues.

It should be noted that the certified areas/conditions of compensability are closed head injury, lumbosacral sprain without radiculopathy, and right elbow non-displaced radial fracture.

REFERENCES:

References utilized in this review include but are not limited to the ACEOM Guidelines, Health Care Guidelines by Milliman and Robertson Volume 7, North American Spine Society Guidelines, Agency for Health Care Policy, Texas Medical Fee Guidelines and Research (AHCPR), and Procedural Utilization Guidelines.

RATIONALE:

The functional capacity exam (FCE) dated 08/30/2005 revealed functional deficits, however also suggested the possibility of psychosocial issues. It does not appear that these psychosocial issues were ever further evaluated or considered. The intake FCE also notes that the injured individual had “no history of active physical rehabilitation”. However the injured individual had completed almost five months of prior rehabilitation which had terminated only a month prior to the intake FCE dated 08/30/2005. It is not clear how this information could elude the provider who initiated an additional course of care on or about 08/30/2005. It should be noted that the medical necessity of the care in question is not predicated on whether or not the injured individual progressed during the course of care in question. In fact it is evident that the injured individual’s functional abilities increased throughout the course of active care which was initiated on 08/30/2005. However, the medical necessity is not established for the initiation/continuation of active care as of 09/16/2005 and beyond based on the fact that five to six months of prior similar/same care had been attended, and given the fact that the injured individual’s apparent psychosocial issues went largely untreated and unevaluated. In fact, an independent examiner in January of 2005 opined that four to six weeks of active physical therapy would be sufficient to progress the injured individual to a return to work status. However what followed was five to six months of active care. Given the injured individual’s injuries and symptom picture as well as the results of the advanced testing, as of 09/16/2005 the reasonable expectations for the duration of care to include active and certainly to include passive care had long been exceeded.

RECORDS REVIEWED:

Notification of IRO Assignment dated 01/31/06

MR-117 dated 01/31/06

DWC-60

Alternate DWC-62: Explanation of Benefits with Audit Dates of 10/12/05, 10/29/05, 11/04/05, 11/09/05, 11/15/05, 11/16/05, 11/17/05

DWC: Notices of Disputed Issue and Refusal to Pay Benefits dated 02/15/05, 01/28/05

MCMC: IRO Medical Dispute Resolution M5 Retrospective Medical Necessity dated 02/16/06

MCMC: IRO Acknowledgment and Invoice Notification Letter dated 01/31/06

State Office of Risk Management: Letter dated 02/21/06 from Janine Tatsch, Medical Dispute & Audit Specialist

Unsigned letter addressed to State Office of Risk Management dated 02/07/06

Mockingbird Workskills: Exit Evaluation/Discharge Summary dated 10/28/05

Mockingbird Workskills: Letter dated 10/20/05 from Robert West, OTR

Mockingbird Work Skills: Undated letter from Robert West, OTR indicating condition as of 09/16/05

Handwritten therapy notes dated 09/16/05 through 10/27/05 from Robert West, OTR

Texas Imaging & Diagnostic Center: X-rays right humerus, right forearm dated 09/16/05

Mockingbird Workskills: Progress Evaluation dated 09/30/05

Follow-Up Notes dated 09/22/05, 07/20/05, 06/29/05 from Neil Atlin, D.O.

Mockingbird Workskills: Functional Capacity Evaluation dated 08/30/05

FCE Intake dated 08/30/05 from Neil Atlin, D.O.

Pedro Nosnik, M.D.: Follow-Up Visit notes dated 07/22/05, 07/12/05, 06/02/05, 05/02/05, 04/05/05, 03/14/05, 02/21/05, 01/28/05, 12/29/04

Texas Imaging & Diagnostic Center: Lumbar Epidural Steroid/Local Anesthetic Blockade Procedure Reports dated 06/22/05, 07/14/05

Medical Center of Plano: Whole body bone scan dated 03/21/05

Professional Medical Consultants: History and Physical Reports dated 02/23/05, 02/25/05, 02/28/05, 02/22/05, 03/02/05, 03/04/05, 03/07/05, 03/09/05, 03/11/05, 03/18/05, 03/14/05, 03/16/05, 03/21/05, 03/23/05, 03/25/05, 03/28/05, 03/30/05, 04/01/05, 04/04/05, 04/06/05, 04/07/05, 04/11/05, 04/12/05, 04/14/05, 04/18/05, 04/20/05, 04/22/05, 04/26/05, 04/28/05, 04/29/05, 05/05/05, 05/16/05, 05/18/05, 06/02/05, 06/17/05, 06/22/05, 06/30/05, 07/06/05, 06/28/05 from Douglas Wood

Health South Evaluation Center: Supplemental report dated 01/31/05 from Phillip Osborne, M.D.

Bernie L. McCaskill, M.D.: Consultation dated 01/21/05

Health South Evaluation Center: Evaluation report dated 01/17/05 from Phillip Osborne, M.D. with attached Functional Capacity Evaluation

Baylor Medical Center: Emergency Department Physician Record dated 01/07/05

Baylor Medical Center: Emergency Department Nursing Record dated 01/07/05

Baylor Medical Center: Emergency Physician Record dated 01/07/05

Baylor Medical Center: Patient Authorization Record signed 01/07/05

Baylor Health Care System: Emergency Department Acuity Level Record related to 01/07/05 visit

Baylor Medical Center: Charge Document Emergency Department dated 01/07/05

William H. Wisner, M.D.: Office notes dated 01/1/05, 12/07/04, 10/27/04
NCA Medical Review: Letters dated 12/30/04 (two) from Jennifer McNeil, NCA Medical Review
Pedro Nosnik, M.D.: EEG report dated 12/15/04
Pedro Nosnik, M.D.: Handwritten Upper Extremity and Lower Extremity EMG/NCV Reports dated 12/08/04
Pedro Nosnik, M.D.: New Patient Visit dated 12/08/04
Health South: MRI lumbar spine, MRI cervical spine dated 12/02/04
Dr. Greg Maul: Office notes (handwritten) dated 10/18/04, 10/11/04
Final Inpatient Lab Report dated 09/17/04
Baylor Health Care System: ECG report dated 09/17/04
Baylor Medical Center: Emergency Department Physician Record dated 09/17/04
Baylor Medical Center: Emergency Department Nursing Record dated 09/17/04
Baylor Medical Center: Emergency Physician Record dated 09/17/04
Baylor Medical Center: Patient Authorization Record (undated)
Baylor Medical Center: Charge Document dated 09/17/04
Baylor Medical Center: Chest IV Port, CT head dated 09/17/04
Baylor Medical Center: Discharge Instructions for visits on 09/17/04, 01/07/05
Baylor Medical Center: Emergency Department Records dated 09/17/04, 01/07/05
Garland Fire Department: Emergency Medical Services report dated 09/17/04
Baylor Medical Center: Consents signed 09/17/04, 01/07/05

The reviewing provider is a Licensed/Boarded Chiropractor and certifies that no known conflict of interest exists between the reviewing Chiropractor 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 prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

This decision by MCMC is deemed to be a Division decision and order (133.308(p) (5)).

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.

In accordance with Division rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent via facsimile to the office of DWC on this

14th day of March 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____