



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:

South Coast Spine and Rehabilitation PA
620 Paredes Line Rd
Brownsville TX 78521

MDR Tracking No.:

M5-06-0965-01

Claim No.:

Injured Worker's Name:

Respondent's Name and Address:

Box 29

Date of Injury:

Employer's Name:

Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DWC-60 package.

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

No response to DWC-60.

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
9-12-05 to 10-27-05	97124 30 units x \$26.63 =	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$798.90
	97113 48 units x \$38.05 =	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$1826.40
	97032 14 units x \$19.00 =	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$266.00
	99213 7 days x \$61.89 =	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$433.23
	97110 16 units x \$33.56 =	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$536.96
	Total		\$3861.49

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 disputed medical necessity issues.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308, 134.202

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 additional reimbursement in the amount of \$\$3861.49. In addition, 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 plus all accrued interest due at the time of payment to the Requestor within 30 days of receipt of this Order.

Ordered by:

Medical Dispute Officer

3-27-06

Authorized Signature

Typed Name

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 23, 2006

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

Re: Medical Dispute Resolution
MRD#: M5-06-0965-01
DWC#: _____
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 E. Ray Strong, D.C., and Dean Pappas & Associates. 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 DWC Approved Doctor list.

Sincerely,



John Kasperbauer
Matutech, Inc.

REVIEWER'S REPORT

Information provided for review:

Request for Independent Review

Information provided by E. Ray Strong, D.C./South Coast Spine and Rehab, P.A.:

Office notes (6/27/05 – 10/31/05)
Radiodiagnostic studies (05/24/05 – 07/05/05)
Therapy notes (09/21/05 – 10/27/05)

Information provided by Dean Pappas & Associates

MRI report (05/24/05)
Office notes (08/19/05 - 01/04/06)
Peer Review (11/04/2005)

Clinical History:

This is a 25-year old Hispanic female who fell off a drop to a cement ground and injured her knees on ____

2005: Paul Lenz, M.D., obtained x-rays of the left knee and treated the patient Mobic and Vicodin. Magnetic resonance imaging (MRI) study of the left knee revealed a lateral meniscus tear involving the articular surface of the femur and small amount of joint fluid. Dr. Strong took over as the treating physician. On September 8, 2005, Oliver Achleitner, M.D. performed a left knee arthroscopy with partial lateral meniscectomy. Dr. Strong gave an off work status and initiated postop therapy. From September through October, there were 16 sessions of therapy consisting of therapeutic exercises, aquatic therapy, massage, and electrical stimulation. In a functional capacity evaluation (FCE), the patient qualified at a medium physical demand capacity (PDC). Dr. Strong recommended a return to work and an additional four-week therapy with therapeutic exercises, massage, and interferential.

In a peer review, Radie Perry, M.D., rendered the following opinions: (1) Meniscal tears could be pre-existing, but as patient did not have any prior injuries, the injury itself was the direct cause of the cartilaginous tear. (2) The prognosis was generally. (3) MRI findings could be related to the compensable injury. The compensable injury could be related to the diagnosis. (4) The preoperative management and surgical intervention were reasonable and appropriate. (5) The ongoing aquatic exercises and massage were not adequate and appropriate. The patient should be on a land-based exercise program with very limited modality use and primarily strengthening and endurance training for the lower extremities and graduating to a home exercise program. (6) Future treatment would include a maximum four month's of therapy at 25 treatment sessions with gradual decrease in frequency. Occasional modalities in the form of hot packs, or electrical

stimulation might be reasonable during the first eight weeks followed by emphasis on therapeutic exercises and functional return. (7) There were no contra-indications to this patient purely relying on over-the-counter Tylenol based analgesics or anti-inflammatories. There was no need for narcotic analgesics or muscle relaxants. (8) With an uncomplicated meniscectomy, the patient should be back at a light or modified-duty job within a three-to-four weeks time period.

2006: In January 2006, a medical dispute was filed. Dr. Achleitner noted persistent pain in the lateral aspect of the knee. He refilled Naproxen and recommended returning to regular work. The patient was sent to Dr. Strong.

Disputed Services:

97113-Aquatic therapy
97110-Therapeutic exercises
97124-Massage
97032-Electrical stimulation
99213-Office visit

Explanation of Findings:

The treatment rendered in this case was reasonable, considering that the patient was immediately past her arthroscopic surgery. Passive and active treatment is reasonable for the duration of the treatment that is in dispute. While the patient had extensive treatment before the surgery, surgical intervention was warranted by the carrier and it would be reasonable to find that care which was rendered as a result of the surgery should be considered necessary. The patient was able to return to work as a result of the surgery and that indicates that the treatment protocol was working. As a result, the reviewer disagrees with the URA's denial.

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

The reviewer disagrees with the URA's decision.

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

Mercy Center Guidelines, TCA Guidelines

The physician providing this review is a Doctor of Chiropractic. The reviewer has been in active practice for 14 years.

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

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.