



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: San Antonio Accident/Injury Care 401 W. Commerce Suite 100 San Antonio, Texas 78207	MDR Tracking No.: M5-06-0994-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: ACE AMERICAN INSURANCE CO. Box 15	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

No Respondent response received.

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
03-30-05 to 04-19-05	97110, 97116 and 97124	<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

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:

04-03-06

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 #: 5298
MDR #: M5-06-0994-01
Social Security #: _____
Treating Provider: Richard Alexander, DC
Review: Chart
State: TX
Date Completed: 2/27/06
Amended Date: 4/3/06

Review Data:

- Notification of IRO Assignment dated 1/20/06, 1 page.
- Email from TDI dated 1/31/06, 1 page.
- Receipt of Request dated 1/20/06, 1 page.
- Medical Dispute Resolution Request dated 1/27/06, 1 page.
- List of Treating Providers (date unspecified), 1 page.
- Table of Disputed Services dated 4/19/05, 4/15/05, 4/13/05, 4/11/05, 4/7/05, 4/5/05, 4/1/05, 3/31/05, 3/30/05, 2 pages.
- Billings Statements dated 8/26/05, 5/10/05, 8 pages.
- Cover Sheet dated 11/12/05, 8/16/05, 2 pages.
- Health Insurance Claim Forms dated 7/19/05, 4/12/05, 4 pages.
- Orthopedic Examination dated 4/6/05, 3 pages.
- Mail Signatures (date unspecified), 4 pages.
- Physical/Occupational Therapy Referral dated 3/22/05, 2/11/05, 12/10/04, 3 pages.
- Follow-up Visit dated 2/11/05, 12/10/04, 2 pages.
- Progress Note dated 2/11/05, 1/14/05, 1/7/05, 12/10/04, 11/12/04, 5 pages.
- Texas Workers' Compensation Work Status Report dated 1/19/05, 12/10/04, 11/12/04, 3 pages.
- Notice to Reschedule Appointment dated 1/12/05, 1 page.
- Procedure Report dated 11/30/04, 2 pages.
- Initial Clinic Visit dated 11/12/04, 2 pages.
- Prescription (date unspecified), 1 page.
- Patient Information dated 4/29/05, 11/12/04, 2 pages.
- Fax Cover Sheet dated 5/31/05, 1/24/04, 2 pages.
- Computerized Muscle Testing Examination dated 5/13/05, 4/29/05, 2 pages.
- Range of Motion Examination dated 5/13/05, 4/29/05, 2 pages.
- Whole Body Symptom Description dated 5/13/05, 4/29/05, 2 pages.
- Consent Form dated 5/13/05, 4/29/05, 6 pages.
- Physical Findings dated 4/29/05, 2 pages.
- Clinical Impression dated 4/29/05, 1 page.
- Evaluation dated 5/23/05, 3 pages.
- Examination dated 10/25/04, 1 page.
- Test Results dated 5/13/05, 2 pages.
- Statement of Medical Necessity dated 5/13/05, 1 page.

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for: 1) (97110) Therapeutic exercises. 2) (97116) – Gait training. 3) (97124) Massage.
Dates of service: 3/30/05 through 4/19/05.

Determination: UPHELD - the previously denied request for:

- 1) (97110)-Therapeutic exercises on 3/30/05, 3/31/05, 4/1/05, 4/5/05, 4/7/05, 4/11/05, 4/13/05, 4/15/05, 4/19/05 times two.
- 2) (97116)-Gait training on 3/30/05, 3/31/05, 4/1/05, 4/5/05, 4/7/05, 4/11/05, 4/19/05 times two.
- 3) (97124)-Massage therapy on 3/30/05, 3/31/05, 4/1/05, 4/5/05, 4/7/05, 4/11/05, 4/13/05, and 4/15/05.

Rationale:

Patient's age:

Gender:

Date of Injury: _____

Mechanism of Injury: Twisting injury to the right knee, with clicking and popping.

There was a second mechanism stated as he stepped off a curb.

Diagnosis: Post right knee arthroscopic surgery, on 11/30/04; internal derangement right knee.

This male patient is five feet seven inches tall, weighing 199 pounds. Orthopedic specialist, Mario Bustamante, MD, performed an arthroscopic surgery to the right knee on 11/30/04, with post partial medial and partial lateral meniscectomy, as well as anterior cruciate ligament (ACL) shrinkage repair. He was followed-up by his surgeon Dr. Bustamante, on 12/10/04, and he documented that the patient has excellent range of motion and no edema. On 1/14/05, he saw him again and documented full range of motion of the right knee with mild weakness in the quadriceps with minimal limping on walking and prescribed continued passive range of motion, stretching and strengthening, gait training and hot packs.

The patient went back to his chiropractor, Richard Alexander, for this prescribed treatment plan. Dr. Bustamante saw the patient on 2/11/06, and documented motor and sensory was intact, there was full range of motion, 1+ anterior drawer and no varus or valgus instability, with complaints of continued mild to moderate weakness with minimal crepitus and no swelling. He then prescribed a work conditioning evaluation on 2/11/05, as well as a de-rotational brace, and to continue therapy and progress to work conditioning.

He was seen by Dr. Bustamante, again on 3/22/05, at which time, he was prescribed further industrial rehabilitation, three times per week for four weeks, and a work conditioning evaluation. There was no gait training or massage therapy indicated or prescribed on the form submitted for review. There was also no examination findings submitted from him on this date of service to correlate clinical medical necessity for this work conditioning evaluation.

The patient underwent an evaluation by Charles Kennedy Jr., MD on 4/6/05, to determine disability status. Dr. Kennedy felt that no chiropractic treatments were needed, that ongoing treatment was not indicated and two months at the most was appropriate, post operatively. He did not feel that the brace was necessary and felt he could return to work with modifications of no heavy lifting or standing or walking for more than one to two hours. He felt home exercises and cortisone injections were appropriate for future medical care, due to any flare-ups.

There was also a disability evaluation report from Michael D. LeCompta, DO, on 5/23/05, indicating that a new MRI had been performed on 3/3/05, which indicated that post surgically, he had a partial anterior cruciate ligament tear, a medial meniscus tear, and a 7 mm medial femoral condyle articular defect, and felt this was due to post operative changes and did not require surgical intervention again, and found him to be at maximum medical improvement (MMI) on that date, with a 7% whole body impairment rating. Please also note that this chiropractic provider had not forwarded the actual daily notes for this patient's care provided from the disputed dates of service of 3/30/05 to 4/19/05. Therefore, there was no way to determine evidence of medical necessity or overall verification of actual disputed services provided to the patient.

The current request is to determine the medical necessity for dates of service from 3/30/05 to 4/19/05, with disputed items including:

- 1) 97110-Therapeutic exercises on 3/30/05, 3/31/05, 4/1/05, 4/5/05, 4/7/05, 4/11/05, 4/13/05, 4/15/05 and 4/19/05, times two (should be 4/18/05 and 4/21/05 according to the HICF form billed). The medical necessity for these dates of service for therapeutic exercises was not clinically established due to failure of any type of clinical examination documentation or descriptions of what type of therapeutic exercises were provided or who actually provided this service. Therefore, these dates of service were found non-certified due to lack of appropriate clinical medical necessity, and the claimant should have been able to perform home exercises by this time. The patient had full range of motion documented by his surgeon post surgically since at least December 2004.
- 2) 97116-Gait training on 3/30/05, 3/31/05, 4/1/05, 4/5/05, 4/7/05, 4/11/05, 4/19/05 times two. (Should be 4/18/05 and 4/21/05 according to the HICF form billed). The medical necessity for these requested dates of service were not indicated. The patient had been receiving ongoing gait training for three months, as prescribed initially by the surgeon, however, he did not order more gait training on his 3/22/05 prescription. Additionally, the medical necessity was not

found due to lack of appropriate documentation from the provider administering the services. Therefore, these dates of service were found non-certified due to lack of appropriate evidence of clinical medical necessity.

- 3) 97124-Massage therapy on 3/30/05, 3/31/05, 4/1/05, 4/5/05, 4/7/05, 4/11/05, 4/13/05, 4/15/05.). The medical necessity for these requested dates of service were not indicated. His surgeon did not prescribe massage on any dates of prescription provided. Secondly, the medical necessity was not found due to lack of appropriate documentation from the provider administering the services. Thirdly, the ACOEM Guidelines, Chapter 13 was referenced regarding massage therapy, which indicates that, there is no scientifically proven efficacy in treating knee complaints. Therefore, again these dates of service were found non-certified due to lack of appropriate clinical medical necessity and lack of efficacy regarding massage for knee complaints.

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

Physician Reviewers Specialty: Chiropractor

Physician Reviewers Qualifications: Texas Licensed DC, 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.