



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 and Fee Dispute

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor=s Name and Address:	MDR Tracking No.: M5-06-1035-01
Edward Wolski, M. D. Wol+Med 2436 I 35 East, South, Ste. 336 Denton, Texas 76205	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
Insurance Company of the State of PA	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, "We feel we should be reimbursed with interest."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC 60 response. Position summary states, "Carrier would request that MDR independently review the provider's justification and billing to ensure compliance with all relevant rules, policies and guidelines."

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)
6-19-03 – 7-3-03	CPT codes 97545 WH	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$256.00
6-19-03 – 7-3-03	CPT codes 97546-WH	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$576.00
7-11-03 – 7-25-03	CPT codes 97545 WH, CPT codes 97546-WH, 99361	<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 majority of the disputed medical necessity issues. The amount due the requestor for the items denied for medical necessity is \$832.00.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308 and 134.202(c)(1).

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 a refund of the paid IRO fee. The Division has determined that the requestor is entitled to reimbursement for the services involved in this dispute in the amount of \$832.00. 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.

Findings and Decision and Order by:

Medical Dispute Officer

4-28-06

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.

MCMC

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

Date:	04/19/2006
Injured Employee:	
MDR #:	M5-06-1035-01
DWC #:	
MCMC Certification #:	TDI IRO-5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Work Hardening Program and 99361-medical conference.

Dates of service (DOS): 06/19/2003-07/25/2003.

DECISION: Partial

IRO MCMCllc (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 04/19/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The work hardening program was medically necessary from 06/19/2003 to 07/03/2003. The work hardening program from 07/03/2003 to 07/25/2003 was not medically necessary. The medical conference (99361) was not medically necessary.

CLINICAL HISTORY:

The injured individual is a 52-year-old male with a date of injury 09/___/1997 that produced cervical, arm, and low back pain which led to cervical surgery in 10/2001 and lumbar fusion surgery in 08/2002. During the surgery, the injured individual claimed he coded and an intravenous (IV) infiltrated in his left hand, which led to necrosis and skin grafts with subsequent contractures and deformity. After surgery he spent 30 days in the intensive care unit (ICU). As of 01/2003 he was recommended to have physical therapy (PT), medications, and durable medical equipment (DME) for home use. He had eight weeks of work hardening from 06/02/2003 to 07/25/2003. His initial pain level was 6/10, he could lift 25 pounds, and his range of motion (ROM) was 90% of normal. By the fifth week of work hardening, his pain was 4/10, he could lift 40 pounds, but his ROM was not noted. By the eighth week he could lift 47 pounds, had pain 5/10, and his ROM was 94% of normal.

It does not appear that any work hardening beyond week five had much impact on progress. Therefore in this case, the work hardening that was medically necessary would be the traditional five-week period most practitioners offer with dates of service running from 06/02/2003 to 07/03/2003.

REFERENCES:

- ACOEM guidelines copyright 2006.
- Bonica's Management of Pain third edition copyright 2000.

RATIONALE:

The injured individual is a 52 year old male with date of injury of 1997 which led to cervical and lumbar surgery. During the lumbar surgery, the injured individual "coded" and had an intravenous (IV) infiltrate in his hand, which led to necrosis of the skin and grafting. He was in the intensive care unit (ICU) 30 days post-operatively. Since then, he has had physical therapy (PT), medications, and home equipment. He also had an eight-week work hardening program that ended on 07/25/2003 and noted residual deficits in lifting ability and range of motion (ROM). However, by the end of week five which was 07/03/2003 he had progressed well and was able to lift 40 pounds when his goal had been 50 pounds. His ROM was not noted, but the prior ROM measurements in an undisclosed prior evaluation noted it to be about 88%. He made only slight progress from weeks five to eight. Since a traditional work hardening program is five weeks at the most, the injured individual had benefited from this training to a point of near completion of goals. His ROM did not change much and he did not show much more benefit from attending an additional three weeks of work hardening. The dates of service after week five (07/03/2003) were not necessary.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 03/06/06
- MR-117 dated 03/06/06
- DWC-60
- DWC-21: Payment of Compensation or Notice of Refused/Disputed Claim
- DWC-73: Work Status Reports dated 07/28/03, 03/03/03
- MCMC: IRO Medical Dispute Resolution Retrospective Medical Necessity dated 03/22/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 03/06/06
- Broadspire: Letter dated 03/31/06 from Pam Greer, Claims Associate
- MCMC: Invoice dated 03/13/06
- SMC Humphreys Office: Chart Document notes dated 02/15/06, 01/18/06, 11/23/05, 09/27/05 from Roger Cicala, M.D.
- Broadspire: Physician Review Services Peer Review dated 02/09/05 from Michael Goldman, M.D.
- Concentra: Medical Activity Report #1 dated 04/08/04
- Wol+Med: Request for Reconsideration dated 03/05/04 from Ailsa Phelps
- Concentra Integrated Services: Explanations of Review dated 10/03/03, 08/01/03
- Wol+Med: Interdisciplinary Team Treatment Plans dated 07/25/03, 07/11/03, 07/03/03, 06/06/03
- Wol+Med: Work Hardening Progress Notes dated 07/25/03, 07/17/03, 07/11/03, 07/02/03, 06/19/03
- Benjamin Agana, M.D.: Peer Review dated 06/17/03
- Grip Strength Test chart for period 06/11/03 to 07/24/03
- ROM – Cervical Rotation chart for period 06/11/03 to 07/24/03
- ROM – Cervical Flexion/Extension chart for period 06/11/03 to 07/24/03
- Manual Muscle Test-Neck anterolateral flexion chart for period 06/11/03 to 07/24/03
- ROM – Wrist Radial/Ulnar Deviation chart for period 06/04/03 to 07/24/03
- ROM – Wrist Flexion/Extension chart for period 05/01/03 to 07/24/03
- Whole Person Improvement chart for period 02/04/03 to 07/24/03
- Initial Medical Report-Worker's Compensation Insurance dated 01/29/03
- Symptom Drawing and Productivity Index for 5th day and 29th day

The reviewing provider is a **Licensed/Boarded Pain Management/Anesthesiologist** and certifies that no known conflict of interest exists between the reviewing **Pain Management/Anesthesiologist** 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

___19th___ day of ___APRIL___ 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____

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