



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: Dr. Suhail Al-Sahli 1210A NASA Road 1 Houston, Texas 77058	MDR Tracking No.: M5-06-1087-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: ACE American Insurance Rep 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
POSITION SUMMARY: Per the Table of Disputed Services "necessary medical treatment".

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to DWC-60
POSITION SUMMARY: Per the Table of Disputed Services "unnecessary medical treatment based on peer review".

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
05-05-05 to 11-10-05	99213, 97110, 97112, 98940, 98941, 97124, 97140, 97032, G0283 and 97010	<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 FINDINGS AND 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.

Ordered by:

07-11-06

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 America Inc.

An Independent Review Organization

7626 Parkview Circle

Austin, TX 78731

Phone: 512-346-5040

Fax: 512-692-2924

Amended July 7, 2006

June 20, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TDI-DWC #:

MDR Tracking #:

IRO #:

M5-06-1087-01

5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI, Division of Workers' Compensation (DWC) has assigned this case to IRO America for independent review in accordance with DWC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America 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.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed Provider, board certified and specialized in Chiropractic Care. The Reviewer is on the DWC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer 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 carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of Case Assignment, Medical Records from Requestor, Respondent, Treating Doctor (s), including: notes from Rezik Saqr MD, peer review from Seymour Shlomchik MD, DDE from Howard Hood MD, notes from Farrukh Hamid MD, notes from Intracorp, FCE dated October 3, 2005, daily treatment notes from NBC Healthcare Center, operative report dated 7/14/2004 from Richard Westmark MD, Lumbar MRI, lower extremity EMG/NCV.

CLINICAL HISTORY

A limited history is given in this case. From the records provided, This Patient was lifting a box of food on , weighing more than 50 pounds in order to put it in a refrigerator. He had immediate pain in his back and right leg.

DISPUTED SERVICE

Under dispute is the retrospective medical necessity of office visits-99213, therapeutic exercises (97110), neuromuscular reeducation (97112), chiropractic manipulative treatment-98940/98941, massage therapy-97124, manual therapy technique-97140, electric stimulation-97032/G0283, hot/cold pack-97010 for dates of service 5/05/2005 through 11/10/2005.

DETERMINATION / DECISION

The Reviewer agrees with the determination of the insurance carrier in this case.

RATIONALE / BASIS FOR DECISION

Based on the *Texas Guideline for Chiropractic Quality Assurance and Practice Parameters*, the *ACOEM* and the *Official Disability Guidelines*, the treatment in dispute during the dates of dispute are not reasonable or medically necessary. Massage therapy-97124, hot/cold pack-97010 and electric stimulation-97032/G0283 are passive treatment and have no positive outcome at this point in treatment. This will only cause the deleterious onset of physician dependence, somatization, continued chronicity, illness behavior, and de-conditioning all of which are adverse and lead to over utilization. Manual therapy technique-97140 is a redundant service as chiropractic manipulative treatment-98940. A 98940 and 98941 code cannot both used on a date of service since one is 1-2 area and the other is 3-4 areas. From the medical records that reflected an operative report, any type of manual manipulation to that area could cause joint instability and therefore is medically unnecessary for the disputed dates of service. The office visit code of 99213 is a re-evaluation code and not simply an office code. The established patient exam code of 99213 would be used periodically to evaluate the patient's progress. However, since the operation, The Patient's progress should be evaluated by the orthopedic doctor making this code unreasonable.

Screening Criteria

1. Specific:

- Texas Workers' Compensation Commission Spinal Treatment Guideline §134.1001
- Texas Guideline for Chiropractic Quality Assurance and Practice Parameters
- ACOEM
- Official Disability Guidelines

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by facsimile, a copy of this finding to the DWC.

Sincerely,
IRO America Inc.



Dr. Roger Glenn Brown
President & Chief Resolutions Officer

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.

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

I hereby certify, in accordance with DWC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to DWC via facsimile, on this 20 day of June, 2006.

Name and Signature of IRO America Representative:

Sincerely,
IRO America Inc.



Dr. Roger Glenn Brown
President & Chief Resolutions Officer