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

Requestors Name and Address: Ergonomic Rehabilitation of Houston 283 Lockhaven Drive Suite 315 Houston, Texas 77073	MDR Tracking No.: M5-06-1096-01 Claim No.: Injured Employee's Name:
Respondent's Name and Address: Liberty Insurance Corporation Rep Box # 28	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: None submitted

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to DWC-60
POSITION SUMMARY: None submitted

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
07-05-05 to 07-12-05	97545-WH-CA and 97546-WH-CA	☐ Yes ☒ 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:

		04/19/06
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

URAC ACCREDITED EXTERNAL REVIEW

CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: ___
Texas IRO # : ___
MDR #: M5-06-1096-01
Social Security #:
Treating Provider: Scott Bischoff, MD
Review: Chart
State: TX
Date Completed: 4/13/06

Review Data:

- **Notification of IRO Assignment dated 3/6/06, 1 page.**
- **Receipt of Request dated 3/7/06, 1 page.**
- **Medical Dispute Resolution Request/ Response dated 2/14/06, 1 page.**
- **Provider Federal Tax Identification Number and the License/Certification/Registration Number Request Form, 1 page.**
- **Table of Disputed Services Form dated 7/12/05, 7/11/05, 7/8/05, 7/7/05, 7/6/05, 7/5/05, 1 page.**
- **Explanation of Payment dated 1/5/06, 3 pages.**
- **Letters dated 3/14/06, 3/13/06, 3 pages.**
- **Functional Capacity Evaluation dated 6/20/05, 16 pages.**
- **Oswestry Low Back Pain Disability Questionnaire dated 6/20/05, 1 page.**
- **Occupational Health Physical Therapy Guidelines: Work Conditioning and Work Hardening Programs, 6 pages.**
- **Reconsideration dated 11/29/05, 3 pages.**
- **Examination Note dated 10/6/05, 1 page.**
- **Texas Workers' Compensation Work Status Report dated 10/6/05, 8/5/05, 8/5/05, 6/27/05, 3 pages.**
- **Examination Note dated 10/5/05, 8/5/05, 2 pages.**
- **Daily Therapy Treatment Note dated 7/15/05, 1 page.**
- **Billing Retrospective Review dated 8/10/05, 4 pages.**
- **Progress Note dated 7/12/05, 1 page.**
- **Work Hardening Program Final Progress Note dated 7/15/05, 7/8/05, 4 pages.**
- **Authorization Request dated 6/28/05, 1 page.**
- **Visit Summary dated 6/27/05, 1 page.**
- **Examination Note dated 6/27/05, 1 page.**
- **Functional Capacity Evaluation dated 7/15/04, 8 pages.**
- **Employer's Medical Case Instructions dated 7/13/05, 1 page.**
- **Visit Summary dated 7/13/05, 1 page.**
- **Texas Workers' Compensation Work Status Report dated7/13/05, 1 page.**
- **Examination Note dated 7/13/05, 1 page.**
- **Work Hardening Program Final Progress Note dated 7/15/05, 2 pages.**
- **Affidavit dated 7/14/05, 1 page.**
- **Texas Workers' Compensation Work Status Report dated 8/27/04, 1/6/05, 1/20/05, 2/17/05, 3/2/05, 5 pages.**
- **Request for Designated Doctor dated 3/17/05. 1 page.**
- **Injury and Treatment Information dated 3/17/05, 1 page.**
- **Texas Workers' Compensation Work Status Report dated 4/26/05, 5/31/05, (unspecified date), 6/13/05, 6/27/05, 7/13/05, 7 pages.**
- **Follow-Up Note dated 2/17/05, 1/18/05, 2 pages.**
- **Operative Report dated 11/4/04, 12/30/04, 2 pages.**

- **Follow-Up Note dated 9/28/04, 10/12/04, 11/18/04, 12/16/04, 5 pages.**
- **Neurologic Evaluation dated 3/8/05, 3 pages.**
- **Report of Medical Evaluation dated 4/8/05, 1 page.**
- **Progress Report dated 3/2/05, 3 pages.**
- **Designated Doctor Evaluation dated 4/8/05, 5 pages.**
- **ARCON AIRS - Impairment Rating Report (unspecified date), 1 page.**
- **Billing Retrospective Review dated 5/2/05, 4 pages.**
- **Daily Therapy Treatment Note dated 8/18/04, 8/25/04, 2 pages.**
- **Examination Note dated 6/27/04, 10/8/04, pages.**
- **Daily Therapy Treatment Note dated 8/20/04, 1 page.**
- **Examination Note dated 1/6/05, 1/20/05, 2/17/05, 3 pages.**
- **Physical Therapy Evaluation dated 3/30/05, 2 pages.**
- **Daily Aquatic Therapy dated 3/30/05, 1 page.**
- **Comprehensive Physical Therapy Spine Flowchart dated 3/30/05, 1 page.**
- **Daily Aquatic Therapy dated 4/1/05, 4/4/05, 4/6/05, 3 pages.**
- **Comprehensive Physical Therapy Spine Flowchart dated 3/30/05, 4/1/05, 4/4/05, 4/6/05, 2 pages.**
- **Daily Aquatic Therapy dated 4/8/05, 4/11/05, 4/13/05, 3 pages.**
- **Comprehensive Physical Therapy Spine Flowchart dated 4/6/05, 4/11/05, 4/13/05, 1 page.**
- **Daily Aquatic Therapy dated 4/18/05, 1 page.**
- **Progress Note dated 4/20/05, 1 page.**
- **Daily Aquatic Therapy dated 9/20/05, 1 page.**
- **Comprehensive Physical Therapy Spine Flowchart 4/18/05, 4/20/05, 1 page.**
- **Daily Aquatic Therapy dated 9/22/05, 4/25/05, 2 pages.**
- **Examination Note dated 4/26/05, 1 page.**
- **Daily Aquatic Therapy dated 4/27/05, 1 page.**
- **Comprehensive Physical Therapy Spine Flowchart 4/18/05, 4/20/05, 4/22/04, 4/25/05, 4/27/08, 2 pages.**
- **Daily Aquatic Therapy dated 5/16/05, 5/18/05, 2 pages.**
- **Comprehensive Physical Therapy Spine Flowchart 5/18/05, 5/16/05, 1 page.**
- **Daily Aquatic Therapy dated 5/20/05, 5/23/05, 5/25/05, 3 pages.**
- **Comprehensive Physical Therapy Spine Flowchart dated 5/16/05, 5/18/05, 5/20/05, 1 page.**
- **Land Flow Chart - Physical Therapy dated 5/23/05, 5/25/05, 1 page.**
- **Examination Note dated 5/31/05, 1 page.**
- **Daily Aquatic Therapy dated 6/1/05, 1 page.**
- **Land Flow Chart - Physical Therapy dated 6/1/05, 1 page.**
- **Daily Aquatic Therapy dated 6/3/05, 6/6/05, 6/8/05, 3 pages.**
- **Land Flow Chart - Physical Therapy dated 6/1/05, 6/3/05, 6/6/05, 6/8/05, 2 pages.**
- **Daily Aquatic Therapy dated 6/10/05, 1 page.**
- **Examination Note dated 6/13/05, 1 page.**
- **Daily Aquatic Therapy dated 6/14/05, 1 page.**
- **Progress Note dated 6/16/05, 1 page.**
- **Daily Aquatic Therapy dated 6/16/05, 1 page.**
- **Land Flow Chart - Physical Therapy dated 6/6/05, 6/8/05, 6/10/05, 6/14/05, 6/16/05, 2 pages.**
- **Daily Therapy Treatment Note dated 6/20/05, 1 page.**
- **Examination Note dated 6/27/05, 1 page.**
- **Letter dated 6/8/05, 1 page.**
- **Notice of Transfer of Claim to Another Field Office dated 6/17/05, 1 page**
- **Supplemental Report of Injury dated 7/19/05, 1 page.**
- **Visit Summary dated 7/13/05, 1 page.**
- **Prescription for Physical Therapy dated 4/20/05, 1 page.**
- **Visit Summary dated 6/13/05, 1 page.**
- **Prescription for Physical Therapy dated 4/20/05, 1 page.**
- **Visit Summary dated 7/13/05, 1 page.**
- **Texas Workers' Compensation Work Status Report dated 7/13/05, 1 page.**
- **Employer's Medical Case Instructions dated 6/27/05, 1 page.**
- **Visit Summary dated 6/27/05, 1 page.**

- **Employer's Medical Case Instructions dated 4/26/05, 1 page.**
- **Visit Summary dated 4/26/05, 2 pages.**
- **Prescription for Physical Therapy dated 3/25/05, 1 page.**
- **Texas Workers' Compensation Work Status Report dated 4/26/05, 1 page.**
- **Visit Summary dated 4/26/05, 6/13/05 2 pages.**
- **Physical Therapy Evaluation dated 3/30/05, 2 pages.**
- **Examination Note dated 3/11/05, 1 page.**
- **Daily Aquatic Therapy dated 4/13/05, 1 page.**
- **Visit Summary dated 3/11/05, 1 page.**
- **Texas Workers' Compensation Work Status Report dated 2/17/05, 2 pages.**
- **Examination Note dated 2/17/05, 1 page.**
- **Employer's Medical Case Instructions dated 10/8/04, 2 pages.**
- **Visit Summary dated 10/8/04, 1 page.**
- **Employer's Medical Case Instructions dated 8/27/04, 1 page.**
- **Visit Summary dated 8/27/04, 1 page.**
- **U.S. HealthWorks Medical Group Form dated 8/25/04, 8/23/04, 8/18/04, 3 pages.**
- **Daily Therapy Treatment Note dated 8/23/04, 1 page.**
- **Visit Summary dated 8/13/04, 1 page.**
- **U.S. HealthWorks Medical Group Form dated 8/11/04, 1 page.**
- **Daily Therapy Treatment Note dated 8/11/04, 1 page.**
- **Notification of Maximum Improvement/First Impairment Income Benefit Payment dated 4/21/05, 1 page.**
- **Report of Medical Evaluation dated 4/8/05, 1 page.**
- **U.S. HealthWorks Medical Group Form dated 8/9/04, 1 page.**
- **Daily Therapy Treatment Note dated 8/9/04, 1 page.**
- **U.S. HealthWorks Medical Group Form dated 8/5/04, 8/4/04, 8/3/04, 3 pages.**
- **Daily Therapy Treatment Note dated 8/17/04, 8/5/04, 8/4/04, 3 pages.**
- **Re-Evaluation dated 8/3/04, 2 pages.**
- **Employer's Medical Case Instructions dated 7/22/04, 1 page.**
- **Examination Note dated 7/22/04, 1 page.**
- **Visit Summary dated 7/22/04, 1 page.**
- **U.S. HealthWorks Medical Group Form dated 7/21/04, 1 page.**
- **Daily Therapy Treatment Note dated 7/21/04, 1 page.**
- **U.S. HealthWorks Medical Group Form dated 7/20/04, 1 page.**
- **Daily Therapy Treatment Note dated 7/20/04, 1 page.**
- **U.S. HealthWorks Medical Group Form dated 7/19/04, 1 page.**
- **Daily Therapy Treatment Note dated 7/19/04, 1 page.**
- **Employer's Medical Case Instructions dated 7/15/04, 1 page.**
- **Visit Summary dated 7/15/04, 1 page.**
- **U.S. HealthWorks Medical Group Form dated 7/14/04, 1 page.**
- **Daily Therapy Treatment Note dated 7/14/04, 1 page.**
- **U.S. HealthWorks Medical Group Form dated 7/12/04, 1 page.**
- **Daily Therapy Treatment Note dated 7/12/04, 1 page.**
- **U.S. HealthWorks Medical Group Form dated 7/9/04, 1 page.**
- **Rehabilitation Evaluation dated 7/9/04, 1 page.**
- **Evaluation Note dated 7/9/04, 2 pages.**
- **Employer's Medical Case Instructions dated 7/8/04, 1 page.**
- **Examination Note dated 7/8/04, 3 pages.**
- **Lumbar Spine MRI dated 7/23/04, 1 page.**
- **Texas Workers' Compensation Work Status Report dated 2/17/05, 1 page.**
- **Visit Summary dated 2/17/05, 1 page.**
- **Texas Workers' Compensation Work Status Report dated 2/17/05, 1/20/05, 2 pages.**
- **Visit Summary dated 1/20/05, 1/6/05, 2 pages.**
- **Texas Workers' Compensation Work Status Report dated 1/6/05, 2 pages.**
- **Letter of Medical Necessity dated 12/9/04, 1 page.**
- **Pre-Authorization Request dated (unspecified date), 1 page.**

- **Visit Summary dated 8/5/04, 1 page.**
- **Texas Workers' Compensation Work Status Report dated 8/5/04, 7/22/04, 2 pages.**
- **Visit Summary dated 7/22/04, 1 page.**
- **Texas Workers' Compensation Work Status Report dated 7/22/04, 1 page.**
- **Follow-Up Note dated 10/12/04, 1 page.**
- **Lumbar Spine MRI dated 7/23/04, 1 page.**
- **Progress Note dated 7/8/04, 10/12/04, 12pages.**
- **Operative Report dated 9/30/04, 1 page.**
- **Texas Workers' Compensation Work Status Report dated 10/8/04, 1 page.**
- **Visit Summary dated 10/8/04, 1 page.**
- **Texas Workers' Compensation Work Status Report dated 8/13/04, 1 page.**
- **Visit Summary dated 8/13/04, 8/27/04, 2 pages.**
- **Texas Workers' Compensation Work Status Report dated 8/27/04, 1 page.**
- **Visit Summary dated 7/8/04, 1 page.**
- **Texas Workers' Compensation Work Status Report dated 7/15/04, 1 page.**
- **Visit Summary dated 7/15/04, 1/20/05, 1 page.**
- **Texas Workers' Compensation Work Status Report dated 3/2/05, 1 page.**
- **Designated Doctor/Appointment Notification Order dated 325/05, 1 page.**
- **Lumbar Spine MRI dated 7/23/04, 1 page.**
- **Nerve Conduction Study and Electromyography Report dated 8/27/04, 1 page.**
- **Follow-Up Note dated 9/7/04, 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for work hardening (97545-WH-CA) and work hardening each additional hour (97546-WH-CA), with dates of service of 7/5/05 to 7/12/05.

Determination: UPHELD - previously denied request for work hardening (97545-WH-CA) and work hardening each additional hour (97546-WH-CA), with dates of service of 7/5/05 to 7/12/05.

Rationale:

Patient's age: .
Gender:
Date of Injury: ___
Mechanism of Injury: Sustained a low back injury while carrying heavy boxes.
Diagnoses: Lumbar strain/sprain, lumbar radiculopathy, radiculitis/lumbar/thoracic and spasm/muscle.

Subsequent to the injury, the patient underwent a course of physical therapy for approximately two months, and then additional courses of physical therapy in April, May and June of 2005. A recorded lumbar MRI, performed on July 23, 2004, revealed bulging at the L3-4 to L5-S1 levels. The designated doctor and neurological evaluation submitted did not reveal any objective and/or clinical evidence of signs of nerve root compression. The neurological evaluation stated that this claimant did not require any further treatment, prescription medications, and/or further diagnostic testing, or any additional physical therapy. Moreover, there was no clinical abnormality found that would prevent this claimant from returning to full duty at that time. The claimant was found to have reached maximum medical improvement (MMI) on April 8, 2005, and was given a whole person impairment rating of 10%.

A Functional Capacity Evaluation (FCE) was performed on June 20, 2005, which determined this patient's PDL rating to be at medium. In order to return back to his work, the claimant needed to have a medium-to- heavy rating. It was noted on this testing that an inconsistent effort was made with handgrip testing, as determined by the bell-shaped curve. This issue related to the upper extremity profile and specifically indicated sub-maximal and inconsistent effort performed by the claimant. Furthermore, the functional capacity evaluation (FCE) documented that the patient reported low back pain which was rated as a "9/10" on the visual analog scale (VAS). Of note, high pain levels could certainly affect the validity of the patient's testing.

Corresponding to the periods surrounding July 5, 2005, through July 12, 2005, the patient's subjective complaints consisted of low back pain described as dull with intermittent weakness and pain in the right lower extremity. Objective findings included diminished lumbar ranges of motion in both flexion and extension. Straight leg raising reproduced back pain and lower extremity pain. The neurological examination of the lower extremities was normal, with no motor, sensory or deep tendon reflex deficits documented. The claimant could toe-walk and heel- walk bilaterally.

The data submitted for review included neither a work hardening examination and evaluation, nor documentation of an evaluation by a mental healthcare practitioner for psychosocial testing, a Beck's Anxiety Inventory, Beck's Depression Inventory or global functioning assessment.
Based upon all of the foregoing and, in the absence of the data detailed herein above, the medical necessity of the interventions in question cannot be considered. Accordingly, the interventions in question hereunder cannot be recommended.

Criteria/Guidelines utilized: TDI/DWC rules and regulations.

1. American Physical Therapy Association (APTA) Guidelines For Work Hardening.
2. Pursuant to Texas Labor Code, Ann. 413.014, for care to be liable for certain services and supplies, this service must be preauthorized by the carrier or by order of the commission.

Physician Reviewers Specialty: Texas Licensed M.D. and is also currently listed on the TDI/DWC ADL list.

Physician Reviewers Qualifications: Pain Management

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.