



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:	MDR Tracking No.: M5-06-1097-01
Integra Specialty Group, P. A. 517 North Carrier Parkway, Suite G Grand Prairie, TX 75050	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
Poly America Inc., Box 11	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, "Medically Necessity."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

No response received.

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)
10-27-05	CPT code 97750-FC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$444.60

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 prevail on the disputed medical necessity issues. The amount due the requestor for the items denied for medical necessity is \$444.60.

The requestor submitted a revised Table of Disputed Services on 3-22-06. This Table is the basis for this review.

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 carrier must refund the amount of the IRO fee (\$460.00) to the requestor within 30 days of receipt of this order. The Division has determined that the requestor is entitled to additional reimbursement in the amount of \$444.60. 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:

Donna Auby, 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.



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:
IRO CASE NUMBER: M5-06-1097-01
NAME OF REQUESTOR: Integra Specialty Group, P.A.
NAME OF PROVIDER: Darren Howland, D.C.
REVIEWED BY: Licensed by the Texas State Board of Chiropractic Examiners
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 04/12/06

Dear Integra Specialty Group, P.A.:

Professional Associates has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5288). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Professional Associates for an independent review. The reviewing physician selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal.

This case was reviewed by a physician reviewer who is Licensed in the area of Chiropractics and is currently listed on the DWC Approved Doctor List.

I am the Secretary and General Counsel of Professional Associates and I certify that the reviewing physician 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.

REVIEWER REPORT

Information Provided for Review:

A TWCC-73 form from Ellen Dahl, D.O. dated 10/24/01
A physical therapy evaluation with an unknown therapist (the signature was illegible) dated 11/06/01
An evaluation with Richard Fleischer, M.D. dated 11/07/01
Physical therapy with an unknown therapist dated 11/09/01, 11/12/01, 11/14/01, 11/15/01, 11/20/01, and 11/29/01
An EMG/NCV study interpreted by Michael E. Wimmer, M.D. dated 11/16/01
A physical therapy progress report from the unknown therapist dated 11/20/01
A TWCC-73 form from Dr. Fleischer dated 11/21/01
Evaluations with Dr. Dahl dated 11/28/01 and 12/05/01
An evaluation with Richard F. Haenke, D.O. dated 12/10/01

Evaluations with Bruce Wardlay, D.O. dated 12/27/01, 02/20/02, 12/27/02, 01/02/03, and 02/03/03

Chiropractic therapy with Dr. Wardlay dated 12/31/01, 01/02/02, 01/03/02, 01/04/02, 01/07/02, 01/08/02, 01/09/02, 01/10/02, 01/11/02, 01/14/02, 01/15/02, 01/17/02, 01/18/02, 01/22/02, 01/23/02, 01/24/02, 01/25/02, 01/28/02, 01/29/02, 01/30/02, 02/01/02, 02/04/02, 02/05/02, 02/06/02, 02/07/02, 02/08/02, 02/11/02, 02/13/02, 02/14/02, 02/15/02, 02/18/02, 02/19/02, 02/20/02, 02/21/02, 02/22/02, 02/25/02, 02/26/02, 02/27/02, 02/28/02, 03/01/02, 03/04/02, 03/05/02, 03/06/02, 03/07/02, 03/08/02, 03/11/02, 03/12/02, 03/13/02, 03/15/02, 03/18/02, 03/19/02, 03/20/02, 03/21/02, 03/25/02, 03/26/02, 03/27/02, 03/28/02, 04/01/02, 04/02/02, 04/03/02, 04/04/02, 04/08/02, 04/11/02, 04/16/02, 04/18/02, 04/23/02, 05/06/02, 05/07/02, 05/08/02, 05/09/02, 05/10/02, 05/13/02, 05/17/02, 05/20/02, 05/21/02, 05/22/02, 05/23/02, 05/24/02, 05/28/02, 05/29/02, 05/31/02, 06/03/02, 06/04/02, 06/05/02, 06/06/02, 06/07/02, 06/10/02, 06/11/02, 06/12/02, 06/13/02, 06/17/02, 06/18/02, 06/19/02, 06/20/02, 06/21/02, 06/24/02, 06/15/02, 06/27/02, 06/28/02, 07/01/02, 07/02/02, 07/03/02, 07/05/02, 07/08/02, 07/09/02, 07/11/02, 07/15/02, 07/22/02, 07/24/02, 07/29/02, 08/01/02, 08/02/02, 08/05/02, 08/07/02, 08/08/02, 08/12/02, 08/16/02, 08/19/02, 08/21/02, 08/23/02, 08/28/02, 08/30/02, 09/04/02, 09/05/02, 09/09/02, 09/10/02, 09/11/02, 09/16/02, 09/18/02, 09/19/02, 09/23/02, 09/25/02, 09/27/02, 09/30/02, 10/02/02, 10/04/02, 10/07/02, 10/09/02, 10/10/02, 10/11/02, 10/14/02, 10/16/02, 10/17/02, 10/21/02, 10/23/02, 10/29/02, 11/01/02, 11/04/02, 11/06/02, 11/11/02, 11/13/02, 11/14/02, 11/15/02, 11/18/02, 11/20/02, 11/22/02, 11/26/02, 11/27/02, 12/02/02, 12/03/02, 12/05/02, 12/09/02, 01/29/03, 01/30/03, 02/07/03, 02/10/03, 02/11/03, 02/12/03, 02/13/03, 02/14/03, 02/17/03, 02/19/03, 02/24/03, 02/27/03, 02/28/03, 03/03/03, 03/05/03, 03/07/03, 03/12/03, 03/17/03, 03/19/03, 03/21/03, 03/24/03, 03/26/03, 03/28/03, 03/31/03, 04/07/03, 04/09/03, 04/11/03, 04/14/03, 04/16/03, 04/18/03, 04/21/03, 04/23/03, 04/25/03, 04/28/03, 04/30/03, 05/02/03, 05/05/03, and 05/07/03

MRIs of the right wrist and right shoulder interpreted by Kalpana Ramakrishna, M.D. dated 01/10/02

A Functional Capacity Evaluation (FCE) with an unknown provider (no name or signature was available) dated 01/16/02

An EMG/NCV study interpreted by John C. McConnell, M.D. dated 01/21/02

Letters of medical necessity from Dr. Wardlay dated 02/07/02 and 10/02/02

Evaluations with Dr. McConnell dated 02/21/02, 03/29/02, 04/23/02, 05/02/02, 05/16/02, 05/30/02, 07/26/02, 12/17/02, 01/27/03, and 08/11/03

Operative reports from Dr. McConnell dated 04/09/02 and 12/10/02

TWCC-73 forms from Dr. McConnell dated 04/16/02 and 06/26/02

X-rays of the right wrist interpreted by Bruce R. Blome, M.D. dated 05/02/02

Letters from Forte dated 06/12/02, 06/24/02, 07/31/02, 09/04/02, 10/21/02, 10/31/02, and 12/12/02

MRIs of the right hand and wrist interpreted by Max M. Mehta, M.D. dated 06/14/02

Evaluations with Marco Ochoa, M.D. dated 06/26/02, 06/25/03, 09/24/02, 11/19/02, 12/06/02, 12/27/02, 03/10/03, and 04/17/03

Designated Doctor Evaluations with John C. Milani, M.D. dated 09/20/02 and 06/03/03

An evaluation with an unknown provider (the signature was illegible) dated 12/04/02

Laboratory studies dated 12/04/02

A prescription for physical therapy from Dr. Wardlay dated 01/02/03

Aquatic therapy with an unknown therapist (the signature was illegible) dated 01/08/03, 01/09/03, 01/14/03, and 01/16/03

Physical therapy with an unknown therapist (the signature was illegible) dated 01/15/03

Required Medical Evaluations (RMEs) with Phillip Osborne, M.D. dated 02/10/03 and 08/23/04

Letters of preauthorization from Corvel dated 04/25/03, 06/03/03, 07/17/03, 08/01/03, 08/07/03, 10/22/03, 11/04/03, and 01/14/04

Psychiatric evaluations with Martha Gonzalez-Michaelis, M.S., L.P.C.-I. and Tommy Overman, Ed.D. dated 05/14/03, 07/25/03,

An evaluation with Casey G. Cochran, D.O. dated 05/20/03

Work hardening with various unknown providers (the signatures were illegible) dated 05/23/03, 05/27/03, 05/28/03, 05/29/03, and 05/30/03

Psychotherapy with Ms. Gonzalez-Michaelis and Mr. Overman dated 06/10/03, 06/18/03, 07/09/03, and 07/16/03

Evaluations with Robert Campbell, D.O. dated 06/20/03, 06/27/03, 06/30/03, 07/09/03, 07/11/03, 07/18/03, 07/25/03, 08/01/03, 08/08/03, 08/12/03, 08/18/03, 09/05/03, 09/17/03, 09/22/03, 10/06/03, 10/08/03, 10/20/03, 10/23/03, 11/05/03, 11/17/03, 12/04/03, 12/12/03, 01/05/04, 01/20/04, and 02/18/04

X-rays of the right shoulder and right wrist interpreted by Dr. Blome dated 06/25/03

An MRI of the right shoulder interpreted by an unknown physician (no name or signature was available) dated 08/04/03

A Designated Doctor Evaluation with Dr. Frank Swords (no credentials were listed) dated 12/05/03

An evaluation with Neil J. Atlin, D.O. dated 12/10/03

An impairment rating review from John P. Obermiller, M.D. dated 01/08/04

Physical therapy with Robert E. Murphy, D.C. dated 07/22/04, 07/28/04, 08/03/04, 08/04/04, 08/09/04, 08/16/04, 08/27/04, 09/07/04, 09/13/04, 09/20/04, 09/28/04, 10/08/04, 10/14/04, 10/22/04, 11/05/04, 11/22/04, 12/03/04, 12/17/04, 12/20/04, 01/07/05, and 02/17/05

Letters from Flahive, Ogden & Latson Attorneys at Law dated 07/29/04 and 08/23/04

Evaluations with Juan C. Yabraian, M.D. dated 08/06/04 and 08/30/04

Evaluations with Andrew B. Small, III, M.D. dated 08/06/04, 09/24/04, 10/08/04, 10/15/04, 11/12/04, 12/03/04, and 01/14/05

A letter of preauthorization from Argus Services dated 08/18/04

A two-phase bone scan interpreted by Marcie L. Coben, M.D. dated 08/24/04

An MRI of the right shoulder interpreted by Mitchell L. Yount, M.D. dated 08/25/04

Chiropractic therapy with Patrick Downey, D.C. and Darren Howland, D.C. dated 01/25/05, 02/17/05, 02/22/05, 03/11/05, 03/22/05, 03/23/05, 04/06/05, 04/12/05, 04/28/05, 05/22/05, 05/26/05, 06/23/05, 07/20/05, 08/16/05, 09/02/05, 09/14/05, 10/06/05, 12/02/05, 12/09/05, 12/19/05, and 12/21/05

An evaluation with Steven W. Eaton, M.D. dated 02/07/05

Requests for reconsideration from Robert Bueker dated 03/09/05, 10/07/05, 01/11/06, and 02/23/06

A Physical Performance Evaluation (PPE) with Dr. Howland dated 05/09/05 and 10/27/05

Letters from UniMed L.L.C. dated 09/29/05, 11/01/05, and 12/07/05

An FCE with Dr. Howland dated 10/27/05

A chronic pain management program with Dr. Howland dated 11/10/05

Letters from the insurance carrier regarding a medial dispute from Integra Specialty Group dated 11/22/05 and 01/22/06

An IRO position statement from Integra Specialty Group, P.A. that was undated

Clinical History Summarized:

Dr. Fleischer recommended an EMG/NCV study and light work duty on 11/07/01. An EMG/NCV study interpreted by Dr. Wimmer on 11/16/01 revealed evidence consistent with right wrist carpal tunnel syndrome and median neuropathy. Right carpal tunnel surgery was recommended by Dr. Haenke on 12/10/01. Chiropractic therapy was performed with Dr. Wardlay from 12/31/01 through 05/07/03 for a total of 200 sessions. An MRI of the right wrist interpreted by Ramakrishna on 01/10/02 revealed possible ganglion cysts, small effusion, and possible tenosynovitis. An MRI of the right shoulder interpreted by Dr. Ramakrishna on 01/10/02 revealed supraspinatus tendinopathy, possible subacromial/subdeltoid bursitis, degenerative joint disease of the AC joint and mild effusion. On 04/09/02, Dr. McConnell performed a neuroplasty of the median nerve/carpal tunnel, transfer of loft soft tissue fat graft, arthroscopic repair of the triangular fibrocartilage, and insertion of a pain pump. An MRI of the right hand and wrist interpreted by Max M. Mehta, M.D. dated 06/14/02 showed degenerative changes, edema, tenosynovitis, and small cyst formation. A letter from Forte on 07/31/02 denied the galvanic stimulator. On 09/04/02, Forte wrote letter of denial for a bone scan. On 09/20/02, Dr. Milani felt the claimant was not at Maximum Medical Improvement (MMI). Forte wrote a letter of non-authorization for an EMG/NCV study. Right shoulder surgery with Dr. McConnell occurred on 12/10/02 and consisted of an arthroscopic repair of the SLAP lesion and rotator cuff, debridement of the shoulder, arthroscopic acromioplasty, and implantation of a pain pump. On 01/27/03, Dr. McConnell recommended a repeat EMG/NCV study. An RME with Dr. Osborne on 02/10/03 revealed the claimant could function in a sedentary, light, and up to medium physical demand level, but aggressive physical therapy was recommended. On 04/25/03, Corvel provided a denial for a repeat bone scan. Work hardening was performed from 05/23/03 through 05/30/03 for a total of five sessions. On 06/03/03, Dr. Milani felt the claimant was not at MMI. An MRI of the right shoulder interpreted by an unknown provider on 08/04/03 revealed mild to moderate tendinosis, a type I acromion, and possible anterior labral tearing. Corvel denied a chronic pain management program on 08/07/03. On 12/05/03, Dr. Swords felt the claimant was at MMI at that time with a 16% whole person impairment rating. On 01/08/04, Dr. Obermiller felt the claimant should have a 14% whole person impairment rating. On 01/14/04, Corvel denied a cervical epidural steroid injection (ESI). On 08/23/04, Dr. Osborne placed the claimant at MMI as of 12/05/03 with a 14% whole person impairment rating. A bone scan interpreted by Dr. Coben on 08/24/04 was normal. An MRI of the right shoulder interpreted by Dr. Yount on 08/25/04 revealed moderate tendinopathy. Chiropractic therapy was performed with Dr. Howland and Dr. Downey from 01/25/05 through 12/21/05 for a total of 21 sessions. An FCE with Integra Medical Group on 05/09/05 determined the claimant was in the sedentary physical demand level. On 09/29/05, UniMed Direct, L.L.C. wrote a letter of partial approval for 10 sessions of a chronic pain management program. On 11/01/05, UniMed approved 10 more sessions of the pain management program.

Disputed Services:

An FCE on 10/27/05

Decision:

I agree with the requestor. The FCE on 10/27/05 was reasonable and necessary.

Rationale/Basis for Decision:

Yes. An FCE is an interval tool used in assessing the claimant's response to treatment outcomes following therapeutic intervention. FCEs are considered outcome testing and are recognized by the commission on accreditation and rehabilitation facilities as an appropriate evaluation response to a specific treatment plan. At the time the FCE was performed on 10/27/05, the claimant had completed approximately 10 sessions of chronic pain management and determination regarding response to such treatment was necessary. Evaluation via the FCE was used to determine the claimant's relative relief to symptomatology, progress with the chronic pain management program, and overall improvement in her functional abilities following the ten sessions of chronic pain management. Therefore, the FCE performed on 10/27/05 would be reasonable and necessary as related to the original injury.

The rationale for the opinions stated in this report are based on clinical experience and standards of care in the area as well as broadly accepted literature which includes numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician consulting for Professional Associates is deemed to be a Division decision and order.

YOUR RIGHT TO REQUEST A HEARING

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. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
P. O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization's decision was sent to DWC via facsimile or U.S. Postal Service on 04/12/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel