



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

Requestors Name and Address: Buena Vista Workskills 5445 La Sierra Dr # 204 Dallas, Texas 75231	MDR Tracking No.: M5-06-1146-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:  Rep Box # 29	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: "In summary, it is our position that Tri-Star Management has established an unfair and unreasonable time frame in paying for the services that were medically necessary and rendered to Mr. \_\_\_".

**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**

<u>Date(s) of Service</u>	<u>CPT Code(s) or Description</u>	<u>Medically Necessary?</u>	<u>Additional Amount Due (if any)</u>
04-04-05	90801 (\$184.80 X 5 units)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$924.00
04-19-05 to 06-15-05	97545-WH-CA (1 unit @ \$128.00 X 20 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$2,560.00
	97546-WH-CA (6 units @ \$384.00 X 18 DOS)		\$6,912.00
	97546-WH-CA (4 units @ \$256.00 X 1 DOS)		\$256.00
	97546-WH-CA (5.5 units @ \$352.00 X 1 DOS)		\$352.00
07-20-05 & 07-28-05	90806 (1 unit @ \$119.75 X 1 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$119.75
07-20-05 to 09-12-05	90889 (30 units @ \$90.00 X 4 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$360.00
08-11-05	97750 (\$35.63 X 6 units)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$213.78
08-15-05 to 09-12-05	90901 (\$47.39 X 12 units = \$568.68 X 3 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$1,706.04
08-15-05 to 09-12-05	90880 (1 unit @ \$149.99 X 3 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$449.97
<b>TOTAL</b>			\$13,853.54

P.O. Box 855  
Sulphur Springs, TX 75483  
903.488.2329 \* 903.642.0064 (fax)

**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 **prevailed** on the disputed medical necessity issues.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by Medical Dispute Resolution.

On 05-26-06, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Review of CPT codes 90806 and 90880 billed on date of service 07-20-05 revealed that neither party submitted a copy of an EOB. The Requestor submitted convincing evidence of carrier receipt of the providers request for EOBs per Rule 133.307(e)(2)(B). In addition, the services were preauthorized (authorization number 79522764). Reimbursement is recommended in the amounts of **\$119.75** and **\$149.99** respectively.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

28 Texas Administrative Code Sec. 133.308, 133.307(e)(2)(B) and 134.202

**PART VII: DIVISION DECISION AND ORDER**

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 entitled to reimbursement in the amount of \$14,123.28. In addition, the Division finds that the requestor was the prevailing party and is entitled to a refund of the IRO fee \$460.00. 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 by:**

		06-20-06
Authorized Signature	Typed Name	Date of Findings and Decision

**Order by:**

		06-20-06
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.**

# INDEPENDENT REVIEW INCORPORATED

June 15, 2006

Re:    MDR #:           M5 06 1146 01           Injured Employee:    \_\_\_  
      DWC #:    DOI:    \_\_\_  
      IRO Cert. #:   5055    SS#:    \_\_\_

**TRANSMITTED VIA FAX TO:**  
**TDI, Division of Workers' Compensation**  
Attention:   \_\_\_  
Medical Dispute Resolution  
Fax: (512) 804-4868

**RESPONDENT:**

**REQUESTOR:**                    **Buena Vista Workskills**

**TREATING DOCTOR:**       **Rita Wirt-Sealy, DC**

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the office manager of Independent Review, Inc. 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 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 before referral to the Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in orthopedic surgery and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by Independent Review, Inc. is deemed to be a DWC decision and order.

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.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on June 15, 2006.

Sincerely,  
j c  
Jeff Cunningham, DC  
Office Manager

# INDEPENDENT REVIEW INCORPORATED

## REVIEWER'S REPORT M5 06 1146 01

### Information Provided for Review:

1. Notification of IRO assignment
2. Medical Dispute Resolution Request response
3. Table of Disputed Services
4. Multiple explanations of reviews with request for reconsideration
5. Records from the requestor

### Clinical History:

The claimant sustained work injuries to his low back while working as a custodian for \_\_\_\_\_ on \_\_\_\_\_. His treating physician as well as occupational therapist and chiropractor all recommended a multidisciplinary return to work program. This was performed and has been disputed by the insurance carrier.

### Disputed Services:

Multidisciplinary return to work program with work hardening, psychiatric diagnostic interview, preparation of reports, physical performance test, psychotherapy, biofeedback, and hypnotherapy.

### Decision:

I DISAGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER ON THIS CASE.

### Rationale:

The medical records strongly support an attempt at multidisciplinary approach to return this back to work because of the multiple physical and psychosocial issues surrounding his lumbar spine injury. It was felt that after 20 days of a multidisciplinary work hardening program, he was not achieving his goals and was sent for other treatments. There is no evidence of abuse of the Workers' Compensation system in this case. The claimant's work hardening was medically necessary and appropriate. This includes the behavioral/psychological component.