



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:

Canton Chiropractic
PO Box 3770
Dallas TX 75208

MDR Tracking No.: M5-06-1188-01
 Prev MDR Tracking No.: M5-05-2074-01

Claim No.:

Injured Worker's Name:

Respondent's Name and Address:

Parker & Associates for Federated Mutual Ins.
Box 01

Date of Injury:

Employer's Name:

Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DWC-60 package. Position summary: Medically necessary service.

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Response to DWC-60 package. Position summary: carrier maintains its position that the chiropractic services rendered were not medically reasonable and necessary to treat the claimant's compensable injury.

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Amount Due (if any)
3-4-04 to 6-14-04	97110, 99211, 99212	<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 disputed dates of service 2-12-04 to 3-2-04 are ineligible for review per Rule 133.308(e)(1).

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:

Medical Dispute Officer

5-31-06

Authorized Signature

Typed Name

Date

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.

MATUTECH, INC.

**PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544**

Amended April 4, 2006/May 17, 2006

Texas Department of Insurance
Division of Workers' Compensation
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MRD#: M5-06-1188-01
DWCC#: _____
Injured Employee: _____
DOI: _____
IRO Certificate No. IRO5317

Dear Ms. Hewitt:

Matutech, Inc., has performed an Independent review of the medical records of the above-named case to determine medical necessity. In performing this review, Matutech reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

Matutech certifies that the reviewing healthcare professional 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.

Information and medical records pertinent to this medical dispute were obtained from Mr. William Weldon. The Independent review was performed by a matched peer with the treating health care provider. This case was reviewed by the physician who is licensed in chiropractic healthcare, and is currently on the DWC Approved Doctor list.

Sincerely,

John Kasperbauer
Matutech, Inc.

REVIEWER'S REPORT

Information provided for review:

Request for Independent Review

Information provided by Mr. William Weldon:

Clinic notes (04/13/01 to 11/06/01)
Procedure notes (08/22/01 & 07/05/02)
Peer review (12/11/03)
Required Medical Examination (04/06/04)

Clinical History:

This is a 44-year-old female who sustained an injury to her right arm when she lifted a brake drum off a shelf.

2000 - 2002: William Thomas, D.O., diagnosed forearm strain and prescribed Naprosyn. B. Craig Nelson, D.O., noted persistent pain and numbness in the patient's right forearm. Dr. Nelson assessed elbow pain and recommended ruling out tendinitis versus neuritis. He continued treatment with Medrol Dosepak and instructed the patient to take Naprosyn or Relafen. Von Evans, Jr., M.D., an orthopedic surgeon, reviewed a nerve conduction velocity (NCV) study which confirmed right ulnar neuritis. Dr. Evans noted an exquisitely positive Tinel's sign at the cubital tunnel of the right elbow. There was decreased sensation involving the ulnar nerve distribution of the right hand. On July 27, 2000, Dr. Evans performed right ulnar nerve transposition at the elbow. Dr. Evans noted significant tenderness over the area of the submuscular ulnar nerve transposition region on the right with decreased sensation. On August 22, 2001, Dr. Evans performed exploration of the right ulnar nerve with subsequent neurolysis and lysis of adhesions. Dr. Evans treated the patient with Neurontin, Vioxx and Medrol Dosepak. On July 5, 2002, William Van Wyk, M.D., performed right ulnar nerve neurolysis, and excision of the sensory nerve and antibrachial cutaneous nerve for right elbow neuroma.

2003: In a peer review, Milton Klein, D.O., noted that: Following the first right elbow surgery, the patient had undergone physical therapy (PT) and a work hardening program (WHP). She had also undergone a series of right medial epicondyle injections. The patient had also undergone a right stellate ganglion block in 2002. In 2003, right elbow magnetic resonance imaging (MRI) had demonstrated capitellar joint degenerative osteoarthritis and ulnar humeral joint degenerative arthritis. Basith Ghazali, M.D., an orthopedic surgeon, injected the right cubital tunnel. Dr. Klein opined that complaints of the right elbow were related to the degenerative arthritic changes as noted on a repeat MRI of the right elbow.

2004: It was noted that, from March to June, the patient had attended 38 sessions of therapeutic exercises at Canton Chiropractic Clinic. In a required medical evaluation (RME), George Medley, M.D., noted a history of arthritis. The ongoing medications were ketoprofen and indomethacin. It was noted that the patient had been involved in a motor vehicle accident (MVA) in January 2003. On examination, Dr. Medley noted

sensory impairment over the right ulnar nerve distribution. Dr. Medley rendered the following opinions: (1) The patient had a continued right ulnar nerve deficit. This was supported by objective findings. (2) The prognosis was not very good and the patient would probably continue to have the sensory deficit in the ulnar nerve. (3) The length and frequency of treatment was somewhat elongated. (4) Future treatment and testing was not going to accomplish much in this case. Over-the-counter (OTC) medications, including Advil, ibuprofen or Naprosyn would suffice. There was no indication for any further surgery or follow-up care for cubital tunnel syndrome. (5) The current medical status was causally related to the original injury. (6) There was no evidence of any pre-existing condition.

Disputed Services:

Therapeutic exercises (97110) and office visits (99211/99212)

Explanation of Findings:

It appears that the claimant received surgery for the identified injury and she additionally received appropriate post surgical rehabilitation yet continued to complain of symptoms. Nerve conduction studies reported ongoing ulnar neuritis with no specific impingement identifiable. On 08/22/2001, a re-exploration and ulnar nerve decompression was done for neurolysis of the right ulnar nerve and lysis of adhesions. Post operative physical therapy was provided and continued through 11/06/2001. On 07/05/2002, a right ulnar nerve neurolysis was again provided with excision of neuroma of the major sensory nerve and antebrachial cutaneous nerve. On 12/11/2003, Milton Klein, DO reviewed the records and reached the conclusion that the complaints from the claimant were more likely related to degenerative arthritis in the joint than the effects of the workers' compensation claim of _____. On 04/06/2004, George Medley, MD examined the claimant. Both Drs. Medley and Klein reported the claimant had attended a work hardening program. There was also a report of a subsequent injury in ____ as the result of a motor vehicle accident. The claimant reported that nothing reduced her pain. The assessment from Dr. Medley was status post right ulnar nerve cubital tunnel syndrome and sensory deficit. Dr. Medley did not feel further treatment would change anything.

Conclusion/Decision To Uphold, Overturn or Partially Uphold/Overtturn denial:

Conclusion to uphold carrier's decision to deny payment

Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision:

The documentation provided demonstrated that the claimant had received an extensive course of physical therapy without remarkable benefit to support more. The claimant reported that there was no benefit from the therapy with regards to her condition. Based on the reports from Drs. Klein and Medley, the claimant had already received intensive physical therapy in a work hardening program and failed to return to work. There was no objective quantifiable documentation of significant functional gains from the therapy in question (CPT 97110) to support the need as required by chiropractic guidelines. Secondly there was no documentation that would support the need for multiple office visits (CPT 99211/99212) at the duration of care in question.

The physician providing this review is a Doctor of Chiropractic. The reviewer is certified by the National Board of Chiropractic Examiners. The reviewer has been in active practice for 22 years.

Matutech is forwarding this decision by mail and in the case of time sensitive matters by facsimile to the Texas Department of Insurance, Division of Workers Compensation.

Matutech retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by Matutech clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the Utilization Review Accreditation Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by Matutech represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to Matutech for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Matutech assumes no liability for the opinions of its contracted physicians and/or clinician advisors the health plan, organization or other party authorizing this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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.