



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.: M5-06-1192-01
New Help Clinics PA 5601 Bridge Street Suite 550 Fort Worth TX 76112	Claim No.:
	Injured Worker's Name:
Respondent's Name and Address:	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:
Liberty Mutual Box 28	

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DWC-60 package. Position summary: Requesting reimbursement for services rendered.

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Response to DWC-60 package. Position summary: Denied per peer review.

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Amount Due (if any)
2-28-05 to 3-9-05	97140, 97124, 97112, 97150, 95832, 95852	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ 0.00
	Total		\$ 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 2-24-05 and 2-25-05 are untimely and ineligible for review per DWC 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:

5-16-06

Medical Dispute Resolution Officer

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.

**IRO Medical Dispute Resolution M5 Retrospective Medical Necessity
IRO Decision Notification Letter**

Date:	05/11/2006 Corrected Copy 05/15/2006
Injured Employee:	
MDR #:	M5-06-1192-01
DWC #:	
MCMC Certification #:	TDI IRO-5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Manual Therapy technique (97140), massage therapy (97124), neuromuscular re-education (97112), therapeutic procedures (97150), muscle testing manual with report, hand with or without comparison with normal side (95832) and ROM measurements and report, hand with or without comparison with normal side (95852).

Dates of Service: 02/28/2005-03/09/2005

DECISION: Upheld

IRO MCMCllc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M5 Retrospective Medical Dispute Resolution on 05/11/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The medical necessity for the list of services listed above during the captioned dates of service is not established.

CLINICAL HISTORY:

Records indicate that the above captioned individual was injured as the result of an occupational incident, which allegedly occurred on or about ___/___/____. The injured individual underwent a litany of care to include chiropractic services and consultative referrals and multiple surgeries.

MRI examination on 08/27/2003 revealed an unstable osteochondral lesion of the right hand. Electrodiagnostic testing was performed on 10/14/2004, which was suggestive of a T1 radiculopathy. An MRI of the right wrist was performed on 10/18/2004 which was negative for carpal tunnel and further indicated the possibility of a triangular fibrocartilage complex (TFC) tear. An MRI arthrogram of the right wrist performed on 11/11/2004 revealed no significant abnormalities. Multiple surgeries were performed to the right elbow and wrist, the last occurring on 12/14/2004. Post-surgical rehabilitation was initiated on 12/29/2004. The injured individual was referred to a pain management physician on 01/04/2005 during which reflex sympathetic dystrophy (RSD) was suspected. A stellate ganglion block was performed on 02/01/2005 with an indication of 20 minutes of desired response. A Functional Capacity Exam (FCE) was performed on 03/15/2005, which demonstrated that the injured individual was functioning at a sedentary-light level, well below expectations and requirements.

REFERENCES:

- ACEOM Guidelines.
- Health Care Guidelines by Milliman and Robertson Volume 7.
- North American Spine Society Guidelines.
- Texas Medical Fee Guidelines, and Procedural Utilization Guidelines.

RATIONALE:

The documentation fails to establish the medical necessity for the continuation of chiropractic intervention to include the list of services captioned above from 02/28/2005 through 03/09/2005. Specifically, the documentation does not clearly reveal that the injured individual was continuing to significantly benefit from the continued application of post surgical rehabilitation. Pain levels were not clearly resolving and the injured individual continued to complain of severe pain in the wrist and elbow with no obvious resolution. Comparative questionnaires dated 12/29/2004, 01/30/2005 and 01/31/2005, and 03/09/2005 indicate similar to slightly improved to increased values. Pain scores on 12/29/2004 in the wrist were 43/60 compared with a static 43/60 on 01/31/2005. Elbow function values were 67/110 on 12/29/2004 compared with a deterioration of perceived function of 78/110. Given the apparent lack of significant objective and subjective progress, as of 02/28/2005 there were no clear and reasonable expectations for additional therapeutic relief. While the injured individual underwent surgical release on 12/14/2004, the course of care from 12/29/2004 through 02/27/2005 is a more than adequate amount of time to determine the efficacy of treatment and to document response to said treatment.

Give the lack of clear and reasonable expectations for additional therapeutic benefit as outlined above, there is no established medical necessity for the course of care listed above from 02/28/2005 through 03/09/2005.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 03/31/06
- MR-117 dated 03/31/06
- DWC-60
- MCMC: IRO Medical Dispute Resolution Retrospective Medical Necessity letter dated 04/14/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 03/31/06
- Liberty Mutual: Letter dated 04/18/06 from Carol Crewey, Medical Dispute Dept.
- Professional Reviews, Inc.: Reconsideration letter dated 08/09/05 from Thomas Sato, D.C.
- Liberty Mutual: Explanation of Benefits dated 03/30/05, 03/29/05, 03/23/05, 03/22/05
- New Help Clinics: Peer Review Rebuttal dated 03/16/05 from Gene Couturier, D.C.
- Magnolia Workskills: Physical Capacity Evaluation dated 03/15/05 from Jennifer Skidmore, OTR
- New Help Clinics: Patient Progress Summary reports dated 03/09/05, 01/31/05 from Gene Couturier, D.C.
- New Help Clinics: Elbow Physical Examination notes (handwritten) dated 03/09/05, 01/31/05, 12/27/04
- New Help Clinics: Wrist Physical Examination notes (handwritten) dated 03/09/05, 01/31/05, 12/29/04
- New Help Clinics: Patient Elbow Questionnaires dated 03/09/05, 01/31/05, 12/29/04
- New Help Clinics: Patient Wrist and Hand Questionnaires dated 03/09/05, 01/30/05, 12/29/04
- New Help Clinics: Acute Care and Subacute Care notes dated 03/08/05, 02/28/05, 02/21/05, 02/15/05, 02/07/05, 01/31/05, 01/24/05, 01/17/05, 12/27/04
- Professional Reviews, Inc.: Preliminary Physical Therapy Review dated 03/03/05 from George Sage, D.C.
- Ft. Worth Physicians' Diagnostic & Treatment Center: Follow-Up notes dated 02/15/05, 01/18/05 from Neil Atlin, D.O.
- Ft. Worth Physicians' Diagnostic & Treatment Center: Operative report dated 02/01/05 from Neil Atlin, D.O.
- Ft. Worth Physicians' Diagnostic & Treatment Center: Initial Pain Evaluation dated 01/04/05 from Neil Atlin, D.O.
- New Help Clinics: Therapy notes (handwritten) dated 12/29/04 through 03/09/05 (Subjective Complaints and Objective Findings at top)

- Regional Plastic Surgery Associates: Request for Reconsideration note dated 12/28/04
- Texas Imaging & Diagnostic Center: MR Arthrogram right wrist dated 11/11/04
- Lone Star Open MRI: MRI right wrist dated 10/18/04
- Neuroscience Centers: Right Upper Extremity Electrodiagnostic Studies dated 10/14/04, 03/23/04
- MRI Group & Oak Park Pain Management: MRI right wrist, MRI right hand dated 08/27/03

The reviewing provider is a Licensed/Boarded Chiropractor and certifies that no known conflict of interest exists between the reviewing Chiropractor 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 prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

This decision by MCMC is deemed to be a Division decision and order (133.308(p) (5)).

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.

In accordance with Division rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent via facsimile to the office of DWC on this

__11th__ day of __MAY__ 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____

**MCMC llc ▪ 88 Black Falcon Avenue, Suite 353 ▪ Boston, MA 02210 ▪ 800-227-1464 ▪ 617-375-7777 (fax)
mcmman@mcmman.com ▪ www.mcmman.com**