



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	
Requestor's Name and Address: Eric A. VanderWerff, D.C. 615 N. O'Connor Road, Suite 12 Irving, Texas 75061	MDR Tracking No.: M5-06-1237-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Gallagher-Bassett Rep Box 17	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: Per the Table of Disputed Services "Patient entitled to all health care for compensable injury per DWC rule 408.021. Medical to support the necessity of care will be sent to IRO upon request".

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

No response received from Respondent

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
03-15-05 to 05-19-05	97150 (4 units @ \$89.96 X 33 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$2,968.68
	97140-59 (2 units @ \$68.32 X 33 DOS)		\$2,254.56
	98941 (1 unit @ \$47.21 X 33 DOS)		\$1,557.93
	97012 (1 unit @ \$19.01 X 33 DOS)		\$627.33
	G0283 (1 unit @ \$14.65 X 33 DOS)		\$483.45
TOTAL			\$7,891.95

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.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308 and 134.202(c)(1)

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 \$7,891.95. 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:

06-26-06

Authorized Signature

Typed Name

Date of Findings and Decision

Order by:

06-26-06

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.

June 21, 2006
Amended: June 22, 2006

ATTN: Program Administrator
Texas Department of Insurance/Workers Compensation Division
7551 Metro Center Drive, Suite 100
Austin, TX 78744
Delivered by fax: 512.804.4868

Notice of Determination

MDR TRACKING NUMBER: M5-06-1237-01
RE: Independent review for _____

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 4.27.06.
- Faxed request for provider records made on 4.27.06.
- TDI-DWC issued an Order for Payment to requestor on 5.8.06.
- TDI-DWC issued an Order for records from the respondent on 5.15.06.
- The case was assigned to a reviewer on 6.6.06.
- The reviewer rendered a determination on 6.21.06.
- The Notice of Determination was sent on 6.21.06.

The findings of the independent review are as follows:

Questions for Review

Medical necessity of Group therapeutic procedures (97150), manual therapy technique (97140-59), chiropractic manipulation (98941), mechanical traction (97012 and electrical stimulation (G0283). The dates of service that are in dispute include 3.15.05 to 5.19.05.

Determination

PHMO, Inc. has performed an independent review of the proposed care to determine if the adverse determination was appropriate. After review of all medical records received from both parties involved, the PHMO, Inc. physician reviewer has determined to **overturn the denial** on the requested service(s).

Summary of Clinical History

Mr. _____ sustained a work related job injury on _____, while employed with _____.

Clinical Rationale

In the documentation provided for review by Dr. Vanderwerff, he clearly supports the diagnosis and the prognosis for his patient's compensable condition. He also clearly gives scientific rationale for the length of treatment and the type of care provided for the patient and demonstrates clearly that during the time of care that is in dispute, his patient got better and adhered to all aspects of the Texas Labor Code. As a result, the aforementioned care, by law, was clearly necessary and the claimant benefited, therefore, reimbursement should be offered for medically necessary services rendered.

Clinical Criteria, Utilization Guidelines or other material referenced

- *Occupational Medicine Practice Guidelines*, Second Edition.
 - *The Medical Disability Advisor*, Presley Reed MD
 - *A Doctors Guide to Record Keeping, Utilization Management and Review*, Gregg Fisher
 - *Texas Labor Code*
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The reviewer for this case is a doctor of chiropractic peer matched with the provider that rendered the care in dispute. The reviewer is engaged in the practice of chiropractic on a full-time basis.

The review was performed in accordance with Texas Insurance Code 21.58C and the rules of Texas Department of Insurance /Division of Workers' Compensation. In accordance with the act and the rules, the review is listed on the DWC's list of approved providers or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and the treating and/or referring 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 IRO. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with 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, 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.

I hereby verify that a copy of this Findings and Decision was faxed to Texas Department of Insurance /Division of Workers Compensation applicable to Commission Rule 102.5 this 21st day of June, 2006. The Division of Workers Compensation will forward the determination to all parties involved in the case including the requestor, respondent and the injured worker.

Meredith Thomas
Administrator
Parker Healthcare Management Organization, Inc.