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: El Campo Memorial Hospital 303 Sandy Corner Rd. El Campo, TX 77437	MDR Tracking No.: M5-06-1267-01 Claim No.: Injured Employee's Name:
Respondent's Name and Address: TX Mutual Insurance Company, Box 54	Date of Injury: 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, "We have not received payment."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC-60 response. Position Summary states, "Texas Mutual requests that the request for dispute resolution filed be conducted under the provisions of the APA set out above."

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)
8-22-05 – 9-16-05	CPT codes 97139, 97110, 97010, 97535	☐ Yes ☒ No	0

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 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:

	Donna Auby, Medical Dispute Officer	5-23-06
Authorized Signature	Typed Name	Date of Findings and Decision

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.

May 11, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M5-06-1267-01
CLIENT TRACKING NUMBER: M5-06-1267-01/5278

Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above-mentioned case to MRIoA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIoA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing between that provider 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 IRO.

Records Received:

Records Received from the State:

- Notification of IRO Assignment, 4/11/06 – 2 pages
- Medical Dispute Resolution Request/Response, 4/11/06 – 3 pages
- Table of Disputed Services, 8/22/05-9/16/05 – 2 pages
- EOB from Texas Mutual, 12/6/05 – 2 pages

Records Received from the Requestor:

- Letter from MidCoast Medical Clinic to Whom it May Concern, 3/10/06 – 1 page
- UB92s, 9/1/05-9/20/05 – 1 page
- EOB from Texas Mutual, 10/24/05-1/17/06 – 3 pages
- PT Printout, 9/1/05-9/20/05 – 1 page
- PT Prescription, 8/17/05 – 1 page
- ECMH Physical Therapy Evaluation, 9/16/05 – 2 pages
- Physical Therapy Exercise Program, 9/8/05-9/16/05 – 1 page
- ECMH Progress Notes, 8/29/05-9/16/05 – 3 pages
- ECMH Physical Therapy Discharge, 9/16/05 – 1 page
- MidCoast Medical Clinic Progress Notes, 9/6/05 – 1 page
- Admission Record, 6/30/04 – 2 pages
- ED Physician Record, 6/30/04 – 2 pages
- ED Nursing Triage/Flow Sheet, 6/30/04 – 1 page
- General After-Care Instructions, 6/30/04 – 1 page
- Condition of Admissions, 8/30/04 – 1 page
- MidCoast Medical Clinic Progress Notes, 7/6/04 – 1 page
- Cervical Spine Radiology Report, 7/6/04 – 1 page
- MidCoast Medical Clinic Progress Notes, 7/9/04 – 1 page
- CT of the Brain Radiology Report, 7/9/04 – 1 page
- Admission Record, 7/10/04 – 2 pages
- ED Physician Record, 7/10/04 – 2 pages
- ED Nursing Triage/Flow Sheet, 7/10/04 – 2 pages
- CT of the Brain Radiology Report, 7/10/04 – 1 page
- General After-Care Instructions, 7/10/04 – 1 page
- Initial Interpretation and Variance Report, 7/10/04 – 1 page
- MRI of the Cervical Spine Radiology Report, 7/10/04 – 1 page
- MRI of the Brain Radiology Report, 7/10/04 – 1 page

- MidCoast Medical Clinic Progress Notes, 7/12/04-7/26/04 – 4 pages
- MRI of the Brain Radiology Report, 7/31/04 – 1 page
- MidCoast Medical Clinic Progress Notes, 8/2/04-11/11/04 – 5 pages
- MRI of the Brain Radiology Report, 12/4/04 – 1 page
- MidCoast Medical Clinic Progress Notes, 12/20/04-2/14/05 – 3 pages
- MRI of the Thoracic Spine, 2/19/05 – 1 page
- MidCoast Medical Clinic Progress Notes, 2/24/05 – 1 page
- Lab Results, 2/25/05 – 2 pages
- MidCoast Medical Clinic Progress Notes, 3/24/05-8/3/05 – 4 pages
- ECMH Request for Amendment of Protected Health Information, 8/17/05 – 1 page
- MidCoast Medical Clinic Progress Notes, 8/3/05-9/6/05– 3 pages
- UB92, 8/22/05-8/31/05 – 1 page
- EOB from Texas Mutual, 10/6/05 – 2 pages
- PT Prescription, 8/17/05 – 1 page
- ECMH Physical Therapy Evaluation, 9/16/05 – 2 pages
- Physical Therapy Exercise Program, 9/8/05-9/16/05 – 1 page
- ECMH Progress Notes, 8/29/05-9/16/05 – 3 pages
- MidCoast Medical Clinic Progress Notes, 8/3/05- 1 page
- ECMH Request for Amendment of Protected Health Information, 8/17/05 – 1 page
- MidCoast Medical Clinic Progress Notes, 8/3/05-8/17/05 - 2 pages

Summary of Treatment/Case History:
The patient is a 36 year old male injured on ___ when he was hit on the head by a pipe and then falling. The patient was seen in the emergency room (ER) and treated for a laceration and shoulder contusion. The patient was seen in the clinic a week later with increasing headaches and dizziness. The patient had 2 CT scans that were negative and an MRI that indicated a hemorrhage in the right cerebellopontine region. A follow up MRI 3 weeks later showed a "sliver" of abnormality. The patient developed right leg weakness and by 8/04, had slurred speech and ataxia. The patient also had an MRI of the cervical spine which demonstrated a C6-7 disc bulge with indentation of the thecal sac. The patient continued to have neck pain and headaches. The patient was started in physical therapy (PT). An MRI of the brain on 12/4/04 was normal. The 12/20/04 note indicates considerable improvement in gait ataxia and speech. The patient continued to have neck pain. In 2/05, the patient was also noted to have thoracic discomfort. The MRI of the thoracic spine was negative. The 6/24/05 note states that the patient's only ongoing pain complaint was headaches. Apparently, on 6/26/05, the patient had a seizure.

It appears from the PT evaluation of 8/22/05 that the patient was initially referred for PT on 12/22/04 and this continued through 7/27/05. The patient apparently stopped therapy, as he was unable to participate due to headaches. He was restarted on 8/22/05 and had 12 sessions without progress.

Questions for Review:
Items in dispute: Were the physical therapy (#97010, #97110) and physical therapy general (#97139) from 8/22/05 to 8/31/05 (outpatient hospital service) and physical therapy (#97110, #97535) from 9/2/05 to 9/16/05 (outpatient hospital service) medically necessary?

Explanation of Findings:
Items in dispute: Were the physical therapy (#97010, #97110) and physical therapy general (#97139) from 8/22/05 to 8/31/05 (outpatient hospital service) and physical therapy (#97110, #97535) from 9/2/05 to 9/16/05 (outpatient hospital service) medically necessary?

The neurologic picture and patient deficits are quite complex. Although, per the MRI, the patient had small cerebellar hemorrhages, the neurologic abnormalities did not develop for some time after the incident. The pattern also does not quite fit the MRI findings. The patient was apparently seen by neurology and neurosurgery but there reports are not included. Also therapy notes from 12/04 through 7/05 are not included. The 6/20/05 physician note states that the only pain problem was headaches.

The patient apparently had a seizure on 6/26/05, but no new neurologic deficits are noted as a result of this seizure. The patient also apparently continued therapy for another month after this episode.

The therapy was stopped due to lack of progress and patient being unable to tolerate and cooperate with therapy due to the headaches. There is no rationale in the notes for restarting the therapy in 8/05, and in fact the same pattern apparently continued with the patient making no progress.

Given the lengthy therapy provided and discontinuation of therapy due to lack of progress and inability to participate, and given the lack of any change in the patients status, and lack of documentation and rationale for restarting program, physical therapy in 8/05 and 9/05 was not medically necessary.

Conclusion/Decision to Not Certify:
No medical necessity was established for therapy for dates of service in review as described above.

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

References Used in Support of Decision:

1. Internal chart evidence
2. APTA guide to physical therapist practice 2nd edition 2001, appendix 5

This reviewer is Board certified in Physical Medicine & Rehabilitation (1979). The physician providing this review is a Diplomate, American Academy of Physical Medicine and Rehabilitation; and Diplomate, American Board of Electrodiagnostic Medicine. This reviewer is a member of the American Spinal Injury Association, American Academy of Physical Medicine and Rehabilitation, State Academy of Physical Medicine and Rehabilitation, and State Medical Society. This reviewer has held various academic positions, is currently an Adjunct Associate Professor, and has authored numerous publications. The reviewer has additional training in Acupuncture. This reviewer is licensed to practice in four states and has been in practice since 1978.

MRIoA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

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

The written opinions provided by MRIoA 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 MRIoA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America 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 agrees to hold MRIoA harmless for any and all claims which may arise as a result of 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.

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Case Analyst: Jamie C ext 583