



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	
Requestors Name and Address: Central Dallas Rehab 3500 Oaklawn Ste 380 Dallas, Texas 75219	MDR Tracking No.: M5-06-1270-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: North American Specialty Rep Box # 22	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: DWC-60 dispute package
POSITION SUMMARY: Per the table of disputed services "necessary medical services".

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to DWC-60
POSITION SUMMARY: No position summary submitted by the Respondent

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
04-08-02 to 07-12-02	99213, 97250, 97110, 95851, 97750-MT, 97122, 97265 and 97750	<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 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:

05-17-06

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.



CompPartners Final Report ACCREDITED EXTERNAL REVIEW

CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: _____
Texas IRO # : _____
MDR #: M5-06-1270-01
Social Security #: _____
Treating Provider: Ted Krejci, DC
Review: Chart
State: TX
Date Completed: 5/15/06

Review Data:

- Notification of IRO Assignment dated 4/10/06, 1 page.
- Receipt of Request dated 4/10/06, 1 page.
- Medical Disputed Resolution Request/ Response dated 2/10/03, 1 page.
- List of Treating Providers (date unspecified), 1 page.
- Table of Disputed Services 7/12/02, 6/12/02, 6/10/02, 6/7/02, 6/5/02, 6/3/02, 5/31/02, 5/29/02, 5/24/02, 5/23/02, 5/22/02, 5/20/02, 5/13/02, 5/9/02, 5/7/02, 5/2/02, 5/1/02, 4/30/02, 4/29/02, 4/25/02, 4/24/02, 4/23/02, 4/22/02, 4/18/02, 4/16/02, 4/11/02, 4/10/02, 4/9/02, 4/8/02, 6 pages.
- Billing Statement dated 7/12/02, 6/12/02, 6/10/02, 6/7/02, 6/5/02, 6/3/02, 5/31/02, 5/29/02, 5/24/02, 5/23/02, 5/22/02, 5/20/02, 5/13/02, 5/9/02, 5/7/02, 5/2/02, 5/1/02, 4/30/02, 4/29/02, 4/25/02, 4/24/02, 4/23/02, 4/22/02, 4/18/02, 4/16/02, 4/11/02, 4/10/02, 4/9/02, 4/8/02, 21 pages.
- SOAP Notes dated 6/19/02, 6/12/02, 6/10/02, 6/7/02, 6/5/02, 6/3/02, 5/31/02, 5/29/02, 5/28/02, 5/24/02, 5/23/02, 5/22/02, 5/20/02, 5/13/02, 5/9/02, 5/7/02, 5/2/02, 5/1/02, 4/30/02, 4/29/02, 4/25/02, 4/24/02, 4/23/02, 4/22/02, 4/18/02, 4/17/02, 4/16/02, 4/11/02, 4/10/02, 4/9/02, 4/8/02, 4/3/02, 4/2/02, 4/1/02, 3/29/02, 3/28/02, 3/27/02, 3/26/02, 3/25/02, 3/22/02, 3/21/02, 3/20/02, 3/19/02, 3/18/02, 144 pages.
- Texas Workers' Compensation Work Status Reports dated 10/18/02, 7/15/02, 7/12/02, 5/20/02, 4/16/02, 3/22/02, 6 pages.
- Cover Sheet dated 7/8/02, 1 page.
- Functional Abilities Evaluation dated 5/31/02, 1 page.
- Ergos Evaluation Summary Report dated 11/27/02, 7/12/02, 6/19/02, 6/12/02, 5/19/02, 4/30/02, 4/9/02, 4/8/02, 3/25/02, 3/21/02, 33 pages.
- Request for Payment of Independent Review Organization Fee (date unspecified) 1 page.
- Office Visit dated 5/21/02, 5/6/02, 2 pages.
- Left Ribs Bone Scan dated 4/15/02, 2 pages.
- Radiographic Biomechanical Report dated 3/29/02, 1 page.
- Initial Examination (date unspecified), 2 pages.
- Medical Consultation dated 5/20/02, 5/13/02, 3/20/02, 5 pages.
- Physical Examination dated 5/29/02, 5 pages.
- Consultation/Radiographic Report dated 3/27/02, 9 pages.
- Physical Performance Evaluation dated 5/23/02, 12 pages.
- Examination dated 5/6/02, 1 page.

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for services dated 4/8/02 through 7/12/02:

1. 99213-Office visits
2. 97250-Myofascial release
3. 97110-Therapeutic exercises

4. 95851-Range of Motion Measurements
5. 97750-MT-Muscle testing
6. 97122-Manual traction
7. 97265-Joint mobilization
8. 97750-Physical performance testing

Determination: UPHELD – the previously denied request for services dated 4/8/02 through 7/12/02:

1. 99213-Office visits
2. 97250-Myofascial release
3. 97110-Therapeutic exercises
4. 95851-Range of Motion Measurements
5. 97750-MT-Muscle testing
6. 97122-Manual traction
7. 97265-Joint mobilization
8. 97750-Physical performance testing

Rationale:

Patient's age: .

Gender:

Date of Injury: ____

Mechanism of Injury: Fell onto some lumber, striking the lower left rib and abdomen.

Diagnoses: Left 9th rib fracture (non-displaced) and 10th costochondral junction fracture, abdominal pain.

This patient began chiropractic treatments with Ted Krejci, D.C., and all of the notes from 4/8/02 through 6/19/02 indicated that the patient was a female while other documentation clearly stated the patient was a male. The body of the notes, which were of the “canned notes format”, indicated “he”, “him” and “his”. Another concern was that none of the daily notes for rehabilitation or office visits were signed and were basically repeated information, except for dates that indicated diagnostic testing findings. The notes starting on 4/8/02 indicated that the claimant had pain rated at 7/10, that he had reduced motion in the area of the abdomen and chest, and soreness complaint to the chest and abdomen. Objectively, he documented tenderness and soreness located at the chest and abdomen on the left, and decreased ranges of motion in the regions of the abdomen and the chest. No specific ranges of motion were documented of these areas, and no normal range of motion was documented for comparison. Therapeutic exercises (without details) were mentioned for the thoracic spinal region, and myofascial release was mentioned without details of where it was performed specifically. Joint mobilization was performed for the chest with no specifics and, again, no signature. This same information was repeated throughout the notes up to 6/19/02, except on a couple of dates it was indicated that he had exercises to his hand with no details identified. Reportedly, the claimant had a bone scan performed on 4/12/02 that revealed a left 10th rib fracture (non-displaced) and a 9th costochondral junction fracture. However, the actual report was not made available. The claimant had seen Crawford Sloan, M.D. on 3/20/02 for a consultation. At this time, the patient had denied any musculoskeletal complaints, neurological or other complaints aside from the left lower rib area and left upper abdomen pain. His examination had revealed absolutely normal ranges of motion in the cervical spine, thoracic spine and lumbar spine regions with no positive orthopedic or neurological testing results. Grip strength was normal, as were deep tendon reflexes. There were several functional capacity evaluation reports performed, dated from 3/21/02 to 5/23/02, which indicated progression of increased thoracic spine ranges of motion. An Ergos report was done on 6/12/02 by Ken Haycock, D.C. Herein, the patient was referred to as a male who was 5’4” inches tall weighing 185 pounds, with a heavy job demand level (currently medium duty level). The patient was evaluated by a designated doctor, Hien Pham, M.D., on 6/10/02, and was found to be at maximum medical improvement (MMI), and was given a zero impairment rating. Of additional concern was that these notes were also not signed, which would be a requirement by most insurance companies for reimbursement.

The current request is to determine the medical necessity for the following disputed services from 4/8/02 through 7/12/02:

1. 99213-Office visits
2. 97250-Myofascial release
3. 97110-Therapeutic exercises
4. 95851-Range of Motion Measurements
5. 97750-MT-Muscle testing
6. 97122-Manual traction

7. 97265-Joint mobilization
8. 97750-Physical performance testing

The medical necessity for the above requests was not found within the documentation provided for review. The notes were redundant and non-specific, with minimal detail regarding measurable or demonstrable information that would support this chiropractic treatment from 4/8/02 through 7/12/02. And, again, the patient was found to be at maximum medical improvement (MMI), and was given a zero impairment rating. In the records submitted for review, there was no indication for chiropractic manipulation for the abdomen or a fractured rib, manual therapy for abdomen or fractured rib, joint mobilization for a fractured rib or abdomen pain, or any indication for physical performance testing. Manual traction, myofascial release and range of motion testing are not suggested treatments for rib fracture and abdomen pain. In addition, there was no medical necessity proven for muscle testing that was performed since as early as the examination with Crawford Sloan, M.D. on 3/20/02, at which time the patient had denied any musculoskeletal complaints, neurological or other complaints aside from the left lower rib area and left upper abdomen pain. The examination had revealed absolutely normal ranges of motion in the cervical spine, thoracic spine and lumbar spine regions, with no positive orthopedic or neurological testing results. As noted above, grip strength was normal, as were deep tendon reflexes. Based upon all of the foregoing, it is this reviewer's opinion that all of the previously denied services, including the office visits, be upheld due to lack of documented clinical medical necessity proven by the providers' notes for the work related injury sites of left rib fracture and abdomen pain.

Criteria/Guidelines utilized: TDI/DWC Rules and Regulations. ACOEM Guidelines, 2nd Edition, Chapters 6 & 8.

Physician Reviewers Specialty: Chiropractor

Physician Reviewer's Qualifications: Texas Licensed D.C., and is also currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist 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 the decision before the referral to CompPartners, Inc.

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.

American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition. Chapter 8-Neck and upper back, Pg 173-175

Initial Care

Comfort is often a patient's first concern. Nonprescription analgesics will provide sufficient pain relief for most patients with acute and subacute symptoms. If treatment response is inadequate (i.e., if symptoms and activity limitations continue), prescribed pharmaceuticals or physical methods can be added. Comorbid conditions, side effects, cost, and provider and patient preferences generally guide the clinician's choice of recommendations. [Table 8-5](#) summarizes comfort options.

- Manipulation has been compared to various treatments, but not placebo or nontreatment, for patients with neck pain in nearly twenty randomized clinical trials. More than half favored manipulation, with one reporting better results in combination with exercise, while the remainder indicated treatments were equivocal. Cervical manipulation has not yet been studied in workers' compensation populations. In rare instances (estimated at 1.0-1.5 per million manipulations), manipulation has been associated with cerebrovascular accident. Some studies suggest that this risk is based on the position of the patient, not the act of manipulation itself. Serious side effects are extremely rare and far less frequent than those associated with commonly prescribed alternatives such as nonsteroidal anti-inflammatory drugs (NSAIDs), but the issue is currently under study and should be monitored.

Using cervical manipulation may be an option for patients with occupationally related neck pain or cervicogenic headache. Consistent with

application of any passive manual approach in injury care, it is reasonable to incorporate it within the context of functional restoration rather than for pain control alone. There is insufficient evidence to support manipulation of patients with cervical radiculopathy.

- There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living.
- There is limited evidence that electromagnetic therapy may be effective to reduce pain in mechanical neck disorders. If used, there should be a trial period with objective signs of functional progress.
- Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints,² or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain.
- Injecting botulinum toxin (type A and B) has been shown to be effective in reducing pain and improving range of motion (ROM) in cervical dystonia (a disorder that is non-traumatic and non-work-related). Mild side effects were fairly common and dose dependent, including dry mouth and dysphagia. While existing evidence shows injecting botulinum toxin to be safe, caution is needed due to the scarcity of high-quality studies. There are no high quality studies that support its use in whiplash-associated disorder.
- Cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise.
- Other miscellaneous therapies have been evaluated and found to be ineffective or minimally effective. For example, cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, “preinjury” activities.

American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition.
Chapter 6

Page 115

If a patient fails to functionally improve as expected with treatment, the patient’s condition should be reassessed in order to identify incorrect or missed diagnoses. Further treatment should be appropriate for the diagnosed condition(s), and should not be performed simply because of continued reports of pain.