



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	
Requestor's Name and Address:	MDR Tracking No.: M5-06-1299-01
Bertha Puig (Puig Rehabilitation, L.P.) 500 East Dove Ave. McAllen, TX 78504	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
Liberty Insurance Corp, Box 28	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC 60 package. Position summary (Table of Disputed Services) states, "Was denied."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC 60 response.

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)
10-24-05 – 11-30-05	CPT code 97110 (\$33.56 X 4 units)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$134.24
10-24-05 – 11-30-05	CPT code 97140 (\$31.79 X 12 units)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$381.48
10-24-05 – 11-30-05	CPT codes 97010, 97012, 97035, G0283	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0
	Total		\$515.72

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 majority of the disputed medical necessity issues. The amount due the requestor for the items denied for medical necessity is \$515.72.

CPT codes 97010, 97012, 97035, G0283 and 97140 from 12-5-05 – 12-29-05 were denied by the carrier as "170-Pre-Authorization was required, but not requested for this service per TWCC Rule 134.600." Per Rule 134.600, as amended in 2005, "Physical and occupational therapy services rendered on or after December 1, 2005 do require preauthorization." Recommend no reimbursement.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308 and 134.202(c)(1) and 134.600

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 a refund of the paid IRO fee. The Division has determined that the requestor is entitled to reimbursement for the services involved in this dispute in the amount of \$515.72. 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 and Order by:

Donna Auby, Medical Dispute Officer

6-6-06

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.



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M5-06-1299-01
NAME OF REQUESTOR: Bertha Pruig
NAME OF PROVIDER: Luis Delgado, M.D.
REVIEWED BY: Board Certified in Physical Medicine & Rehabilitation
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 05/17/06

Dear Ms. Pruig:

Professional Associates has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5288). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Professional Associates for an independent review. The reviewing physician selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal.

This case was reviewed by a physician reviewer who is Board Certified in the area of Physical Medicine and Rehabilitation and is currently listed on the DWC Approved Doctor List.

I am the Secretary and General Counsel of Professional Associates and I certify that the reviewing physician 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.

REVIEWER REPORT

Information Provided for Review:

Evaluations with Luis Delgado, Jr., M.D. dated 06/06/05, 06/08/05, 06/15/05, 06/22/05, 06/30/05, 07/06/05, 07/11/05, 07/18/05, 08/05/05, 08/19/05, 09/02/05, 9/16/05, 10/05/05, 11/03/05, 12/01/05, 12/29/05, 01/20/06, 02/02/06, 02/08/06, 02/16/06, 03/02/06, 03/22/06, and 04/11/06

An MRI of the cervical spine interpreted by Irene Perez Young, M.D. dated 06/09/05

Evaluations with Daniel Buentello, D.C. dated 06/14/05, 07/11/05, 08/22/05, and 09/26/05

Chiropractic therapy with Dr. Buentello dated 06/14/05, 06/15/05, 06/16/05, 06/17/05, 06/20/05, 06/21/05, 06/22/05, 06/27/05, 06/28/05, 06/29/05, 07/14/05, 07/21/05, 07/22/05, 07/25/05, 08/05/05, 08/08/05, 08/10/05, 08/11/05, 08/17/05, 08/22/05, 08/24/05, 08/29/05, 08/30/05, 09/12/05, 09/14/05, 09/21/05, 09/22/05, 09/23/05, 09/26/05, 10/11/05, and 10/12/05

An MRI and CT scan of the thoracic spine interpreted by Vangala Reddy, M.D. dated 06/20/05

X-rays of the thoracic spine interpreted by William R. Martin, M.D. dated 06/21/05

A prescription from Dr. Buentello dated 06/24/05

Evaluations with Fernando T. Avila, M.D. dated 07/05/05, 07/18/05, 08/22/05, 09/13/05, 09/26/05, 10/31/05, 12/05/05, 01/23/06, and 03/20/06

An MRI of the lumbar spine interpreted by L. M. Farolan, M.D. dated 07/08/05

Operative reports from Dr. Avila dated 07/12/05 and 10/19/05

A letter from Adelle Hollaus, Claims Case Manager at Liberty Mutual, dated 07/20/05

A Physical Performance Evaluation (PPE) with Dr. Buentello dated 09/21/05

A pelvic ultrasound interpreted by an unknown provider (no signature was available) dated 10/12/05

Designated Doctor Evaluations with Gumaro Guzman, M.D. dated 10/12/05 and 02/15/06

A physical therapy evaluation with Kevin Abers, P.T. dated 10/17/05

Physical therapy with Mr. Abers dated 10/17/05, 10/20/05, 10/24/05, 10/27/05, 11/03/05, 11/04/05, 11/09/05, 11/14/05, 11/23/05, 11/28/05, 11/30/05, 12/08/05, 12/12/05, 12/19/05, 12/27/05, and 12/29/05

An evaluation with Gustavo Ramos, M.D. dated 11/07/05

An appeal letter from Dr. Avila dated 02/14/06

Clinical History Summarized:

All of Dr. Delgado's notes from 06/06/05 through 04/11/06 were handwritten and essentially illegible. An MRI of the cervical spine interpreted by Dr. Young on 06/09/05 revealed a possible hemangioma versus or other neoplastic etiology at the T2 vertebral bodies. Chiropractic therapy was performed with Dr. Buentello from 06/14/05 through 10/12/05 for a total of 31 sessions. An MRI and CT scan of the thoracic spine interpreted by Dr. Reddy on 06/20/05 revealed the benign hemangiomas at T2. X-rays of the thoracic spine interpreted by Dr. Martin on 06/21/05 revealed levoscoliosis of the mid lower dorsal spine. On 06/24/05, Dr. Buentello wrote a prescription for a hot/cold pack, Biofreeze, and a muscle stimulator unit. On 07/05/05, Dr. Avila recommended cervical facet joint injections and continued therapy and medications. An MRI of the lumbar spine interpreted by Dr. Farolan on 07/08/05 revealed disc bulging at L4-L5 and L5-S1. Cervical and lumbar facet joint injections were performed by Dr. Avila on 07/12/05 and 10/19/05. Dr. Avila recommended lumbar epidural steroid injections (ESIs) on 07/18/05. On 08/22/05, Dr. Avila provided trigger point injections. A pelvic ultrasound interpreted by an unknown provider on 10/12/05 was unremarkable. On 10/12/05, Dr. Garza felt the patient was not at Maximum Medical Improvement and recommended aggressive physical therapy and an orthopedic evaluation. Physical therapy was performed with Mr. Abers from 10/17/05 through 12/29/05 for a total of 16 sessions. On 01/23/06 and 02/14/06, Dr. Avila recommended bilateral C3-C7 facet injections, bilateral greater and lesser occipital nerve injections, and continued medication and rehabilitation. On 02/15/06, Dr. Garza felt the patient was still not at MMI and he recommended a second set of cervical and lumbar injections, and medication adjustments. On 03/20/06, Dr. Avila recommended cervical facet blocks, medications, an injection of Toradol, and aggressive physical therapy.

Disputed Services:

Hot/cold packs (97010), mechanical traction (97012), ultrasound (97035), manual therapy techniques (97140), electrical stimulation (G0283), and therapeutic exercises (97110) from 10/24/05 through 11/30/05

Decision:

I partially agree with the requestor. The therapeutic exercises (97110) and manual therapy techniques (97140) from 10/24/05 to 11/30/05 were reasonable and necessary; however, the hot/cold packs (97010), mechanical traction (97012), ultrasound (97035), and electrical stimulation (G0283) were not reasonable or necessary.

Rationale/Basis for Decision:

According to the records provided, on 07/11/05, Dr. Buentello documented at that stage 12 sessions of passive therapy had been completed and no progress was really being made with continued moderate to severe neck and low back being reported. Dr. Luis Delgado documented on 08/22/05 trigger point injections and an aggressive program to improve muscular skeletal deconditioning was indicated. Taking the overall information into account, including the diagnostics and the physical examinations for the time periods of 10/24/05 through 11/30/05, I would support therapeutic exercises (97110) as medically necessary, as well as manual therapy techniques (97140). At the timeframe in question, namely four and a half months following this motor vehicle accident (MVA) the use of and indications for hot and cold packs, mechanical traction, ultrasound, and electrical stimulation would not be supportable. The reason being that at that late stage one would not expect these procedures to provide any improvement which is usually reserved for an acute musculoskeletal injury at the time of inflammation and injury to the tissues.

The rationale for the opinions stated in this report are based on clinical experience and standards of care in the area as well as broadly accepted literature which includes numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician consulting for Professional Associates is deemed to be a Division decision and order.

YOUR RIGHT TO REQUEST A HEARING

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. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
P. O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization's decision was sent to DWC via facsimile or U.S. Postal Service on 05/17/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel