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: Health and Medical Practice Associates 324 N. 23rd St. Ste. 201 Beaumont, TX 77707	MDR Tracking No.: M5-06-1496-01 Claim No.: Injured Employee's Name:
Respondent's Name and Address: ACIG Insurance Company, Box 47	Date of Injury: Employer's Name: Insurance Carrier's No.: 6406160A000121

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC 60 package. Position summary states, "Medical necessity is indicated by subjective and objective findings on each visit in correlation with reevaluation procedures which are employed periodically to monitor patient progress and effectiveness to treatment."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

No DWC 60 response received.

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)
5-25-05	CPT code 97124-GP	☒ Yes ☐ No	$26.73
5-25-05	CPT code 97530-GP ($35.34 X 2 units)	☒ Yes ☐ No	$70.68
5-25-05	CPT code 97032-GP ($19.09 X 2 units)	☒ Yes ☐ No	$38.18
5-26-05	CPT code 99213	☒ Yes ☐ No	$62.19
5-26-05 – 6-23-05	CPT codes 97124-GP, 97530-GP, 97032-GP	☐ Yes ☒ No	0
6-23-05	CPT code 99213	☐ Yes ☒ No	0
	Total		$197.78

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 $197.78.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

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

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 IRO fee. The requestor is entitled to reimbursement in the amount of $197.78. 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:

		6-21-06
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.

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

Date:	**06/16/2006**
Injured Employee:	
MDR #:	**M5-06-1496-01**
DWC #:	
MCMC Certification #:	**TDI IRO-5294**

REQUESTED SERVICES:
Please review the item(s) in dispute: 97124-massage, 97530-therapeutic activities, 97032-electrical stimulation, 99213-office visit.

Dates of Service (DOS): 05/25/2005-06/23/2005

DECISION: Partial

IRO MCMC llc (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 06/16/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The services provided on 05/25/2005 including 97032, 97530, 97124 were appropriate including 05/26/2005 office visit 99213 for evaluation.

All other services and further office visits were not medically necessary or appropriate.

CLINICAL HISTORY:
This injured individual was driving a tractor on 10/__/2004 while mowing a ditch. His tractor was hit by an 18-wheeler. He fell from the tractor and hit his head and right shoulder. A cervical MRI shows 4mm-disc herniation at C56. His diagnoses include radiculitis, headache and muscle spasm. ESIs were not effective in relieving the pain.

REFERENCE:
- Lennard Physiatric Procedures, p. 260

- Cailliet, MD; Neck and Arm Pain, p. 144.

RATIONALE:
The medical service provided on 05/25/2005 including 97032, 97530 and 97124 was appropriate. The injured individual had a cervical epidural steroid injection (ESI) as recommended by Dr. W. Francis and post-injection therapy was appropriate. The 05/26/2005 note indicates the injured individual has 9+/10 pain and wants surgery. The ESI was not effective. The visit on 05/26/2005 was appropriate for evaluation of the injured individual. This evaluation should have revealed that further therapies including 97124 – massage, 97530 – therapeutic activities, 97032 – electric stimulation, along with further office visits were not appropriate or medically necessary.

The notes provided indicate that ESIs were approved. In the event of failure of the ESIs a cervical fusion was recommended. The ESI did not provide pain relief. Therefore therapies were not appropriate after 05/25/2006.

RECORDS REVIEWED:
- Notification of IRO Assignment dated 05/05/06
- MR-117 dated 05/05/06
- DWC-60
- MCMC: IRO Medical Dispute Resolution M5 Retrospective Medical Necessity dated 05/16/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 05/09/06
- Health Insurance Claim Forms dated 08/26/05 for dates of service 05/25/05 through 06/23/05
- William Francis, M.D.: Orthopedic Evaluation dated 08/16/05
- Vista Medical Center Hospital: Operative Report dated 08/01/05 from William Francis, Jr., M.D.
- Corvel: Explanations of Review dated 07/05/05 through 09/21/05 for dates of service from 05/25/05 through 06/23/05
- Lone Star Evaluations, Inc.: Review of Medical History and Physical Exam dated 06/24/05 from Jerry McShane, D.O.
- Medical Progress Notes (handwritten) dated 06/23/05, 05/26/05
- Health & Medical Practice Associates: IRO for dates of service 05/25/05 through 06/23/05 from Rochelle Liscano, Collections Manager
- Health & Medical Practice Associates: Daily Notes Reports dated 06/03/05, 06/02/05, 06/01/05, 05/27/05, 05/26/05 from William Novelli, M.D.
- Health & Medical Practice Associates Physiotherapeutic Notes dated 05/25/05 through 06/03/05
- Doctor's notes dated 05/25/05 through 06/03/05
- Health & Medical Practice Associates: Daily Notes Report dated 05/25/05 from William Novelli, M.D.
- Professional Reviews, Inc.: Billing Retrospective Review dated 05/13/05 from Elena Antonelli, M.D.
- Corvel: Pre-Authorization Determinations dated 05/08/06, 05/06/05, 01/18/06
- Liberty Mutual: Statement dated 05/04/06
- Liberty Mutual: Check with associated bills dated 05/01/06 (pages 1, 3, 4, 5 and 6 of 11)
- William Francis, M.D.: Orthopedic Evaluation dated 04/26/05
- Doctor's notes dated 03/09/05 through 06/15/05
- Beaumont MRI: MRI of the cervical spine dated 12/30/04
- Health & Medical Practice Associates: Initial Report dated 10/25/04 from William Novelli, M.D.
- Article entitled, "Physical Medicine and Rehabilitation", pages 45 through 70
- Articles from Spine-health.com, pages 82 through 85
- Article entitled, "Subchapter C. Medical Fee Guidelines" from DWC Act, pates 3, 65 and 66

The reviewing provider is a Licensed/Boarded Physical Medicine and Rehabilitation and certifies that no known conflict of interest exists between the reviewing Physical Medicine and Rehabilitation 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

___16th ___ day of _____JUNE_____ 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee:_____

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