



**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**

<b>Type of Requestor:</b> ( X ) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor=s Name and Address:  River City Chiropractic 1518 Austin Hwy #13 San Antonio, TX 78018	MDR Tracking No.: M5-06-1557-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:  Wausau Underwriters Insurance, Box 28	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.: 197605471

**PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY**

Position Summary: "The services in question were reasonable and customary and the carrier's denial is in violation to Texas Labor Code 408.021 as it relates to a patient being afforded any and all healthcare that promotes, cures or relieves the naturally occurring results of the occupational injury."

Principle Documentation:

1. DWC-60/Table of Disputed Services
2. CMS-1500's
3. EOB's

**PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY**

Position Summary: "Additional EOB's will be sent upon availability."

Principle Documentation:

1. DWC-60/Table of Disputed Services
2. EOB's

**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)
4-22-05 – 5-20-05	G0283, 97110, 99212-25, 99213, 99080-73	<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**

Texas Labor Code 413.011(a-d) and 413.03  
28 Texas Administrative Code Sec, 133.308 and 134.1

**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 reimbursement of the IRO fee and is not entitled to reimbursement for the services involved in this dispute.

**Findings and Decision by:**

\_\_\_\_\_, Medical Dispute Officer

9-21-06

\_\_\_\_\_  
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.**

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

<b>Date:</b>	<b>06/30/2006</b>
<b>Injured Employee:</b>	
<b>MDR #:</b>	<b>M5-06-1557-01</b>
<b>DWC #:</b>	
<b>MCMC Certification #:</b>	<b>TDI IRO-5294</b>

**REQUESTED SERVICES:**

Please review the item(s) in dispute: Electrical stimulation (G0283), therapeutic exercises (97110), office visits (99213/99212-25) and special reports (99080-73).

Dates of service (DOS): 04/22/2005-05/20/2005

**DECISION: Upheld**

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IRO MCMCllc (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 06/30/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:**

The medical necessity for the items in dispute listed above from 04/22/2005 through 05/20/2005 is not established.

**CLINICAL HISTORY:**

Records indicate that the above captioned individual, a 48-year-old male, was allegedly injured as a result of an occupational incident, which reportedly occurred on 05/\_\_\_/2003. The history reveals that he was involved in an automobile accident during the course of his normal employment. He initially presented for treatment on 05/28/2003 and reported areas of complaint including head, neck, upper back, mid back, low back, right shoulder, right arm, right elbow, right wrist, right hand, right buttock, right hip, right thigh and right knee. Lingering neurologic signs and symptoms prompted an MRI dated 07/03/2003 which revealed degenerative joint disease (DJD) and a herniated nucleus propulsus (HNP) at L5/S1 with thecal sac indentation. DJD with an HNP at L4/L5 with thecal sac indentation was also revealed. DJD with an HNP at L3/L4 with thecal sac indentation was also noted. Lastly, the report noted a disc bulge at L2/L3 with thecal sac indentation. Treatment, at that time, consisted of medication management and therapy. The injured individual apparently underwent bilateral carpal tunnel surgeries, unspecified dates, jaw surgery in 2003 and then continued to complain of low back pain. Electrodiagnostic testing of the bilateral lower extremities indicated the presence of radiculitis or a radiculopathy. A work hardening program was completed on 04/14/2004 and a second program was completed on 06/04/2004. Low back surgery was performed in August of 2004 and a course of post surgical rehabilitation was initiated on 03/01/2005.

**REFERENCES:**

ACOEM Guidelines Second Edition. American College of Occupational and Environmental Medicine.

Texas Medical Fee Guidelines.

**RATIONALE:**

The submitted documentation does not establish the rationale for ongoing therapy including the entities listed above from 04/22/2005 through 05/20/2005. It should be noted that the submitted documentation is sparse and contains very little pertinent and date specific clinical information. There are no notes included for review to reflect that any post operative objective testing was performed to establish that lingering deficits were present and to establish a baseline of objective data from which to later ascertain if progress was being achieved and if further treatment was warranted. Submitted for review are chiropractic daily notes representing 14 dates of service from 10/27/2003 through 05/10/2005. There are no other chiropractic or physical therapy type pertinent daily notations included in the submitted file. As such, there are no quantifiable and measurable documented findings to establish that the initial six to seven week course of post surgical rehabilitation, which commenced on 03/01/2005, produced any therapeutic gain or proof of efficacy. Additionally, as of 04/22/2005, the injured individual had been participating in therapy and rehabilitation and work hardening under the administration of this provider for two years. The reasonably expected duration of care and expectations of lasting ongoing benefit had long since passed as of 04/22/2005.

In summary, without quantifiable and measurable documented objective and subjective benefit from the initial course of post surgical therapy which commenced on 03/01/2005, as of 04/22/2005 there is no established medical necessity or rationale for the course of care in dispute during the above captioned dates of service.

**RECORDS REVIEWED:**

- Notification of IRO Assignment dated 05/15/06
- MR-117 dated 05/15/06
- DWC-60
- DWC-69: Reports of Medical Evaluation dated 07/05/05, 05/26/05
- DWC-73: Work Status Reports with return to work dates of 06/15/04, 08/27/03
- MCMC: IRO Medical Dispute Resolution M5 Retrospective Medical Necessity dated 06/06/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 05/15/06
- Liberty Mutual: Letter dated 06/07/06
- River City Chiropractic: Letter dated 11/16/05 from Regan Schulze, DC
- Alamo Healthcare Systems: MMI/IR Report dated 07/05/05 from Robert Lowry, M.D.
- Wausau: Explanation of Benefits dated 06/28/05, 06/24/05, 06/16/05, 06/08/05
- Cascade: Impairment Rating Review dated 06/20/05 from Victoria Brown, RN
- River City Chiropractic: Report of Medical Evaluation dated 05/26/05 from Noel Nolasco, D.C. with attached Review of Medical History, Physical Examination, Impairment Rating Calculation and Detail and Testing and Measurements
- Progress Report (handwritten) dated 05/26/05
- Health Insurance Claim Forms dated 04/25/05 through 05/23/05
- Professional Reviews, Inc.: Preliminary Chiropractic Modality Reviews dated 04/08/05, 10/01/03 from Thomas Sato, D.C.

- Methodist Healthcare System Patient Account Services: Letter dated 03/31/05 from Lawrence Cohen, M.D.
- Pre-Anesthesia Evaluation dated 09/14/04
- PT-Progress Notes dated 08/26/04
- Methodist Specialty and Transplant Hospital: Discharge Summary from Dennis Gutzman, M.D. with report dictated 08/26/04
- PT-Discharge Summary dated 08/26/04
- PT-Initial Assessment dated 08/25/04
- Quick Start Admit Form dated 08/24/04
- Methodist Specialty and Transplant Hospital: Lab reports dated 08/24/04 through 09/17/04
- Methodist Specialty and Transplant Hospital: Operative Report dated 08/24/04 from Dennis Gutzman, M.D.
- Methodist Specialty/Transplant: Chest radiographs dated 08/24/04
- Methodist Specialty and Transplant Hospital: History and Physical Examination dated 08/24/04 from Dennis Gutzman, M.D.
- Professional Reviews, Inc.: Preliminary Work Hardening Review dated 07/02/04 from Brent Dodge, PT
- Professional Reviews, Inc.: Chiropractic Modality Review dated 06/09/04 from Craig Benzel, D.C.
- Personal Program for claimant dated 03/10/04, 09/23/03
- Patient Progress and Treatment Records (handwritten) dated 10/27/03 through 05/20/05
- Dennis Gutzman, M.D.: Undated letter
- Undated note addressed "To Whom It May Concern"

The reviewing provider is a **Licensed/Boarded Chiropractor** and certifies that no known conflict of interest exists between the reviewing Chiropractor 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**

\_30<sup>th</sup>\_ day of \_June\_ 2006.

Signature of IRO Employee: \_\_\_\_\_

Printed Name of IRO Employee: \_\_\_\_\_

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