



**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:	MDR Tracking No.: M5-06-1568-01
Dr. Danny Bartel 1722 Ninth Wichita Falls, TX 76301	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:
Facility Insurance Corp, Box 19	

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

Documents include the DWC-60 package. Position Summary states, "The insurance company that covers the injury for the injured worker is simply avoiding their fiduciary responsibility."

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

Documents include the DWC-60 response. Position Summary states, "The bill is for services not provided and improperly codes the services actually provided."

#### 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)
10-11-05	CPT code 20550 and HCPCS code J3301	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

5-2-06

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.**



Specialty Independent Review Organization, Inc.

May 1, 2006

DWC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient:  
DWC #:  
MDR Tracking #: M5-06-1568-01  
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered 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.

This case was reviewed by a licensed Medical Doctor with a specialty in Neurology. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

Mr. \_\_\_ has an extensive past, neurological, neurosurgical and orthopedic history. He was last working as a guidance counselor when he suffered an on-the-job injury on \_\_\_. Prior to this he had had a history of injuries to his right shoulder and was seen by a number of orthopedic providers through The Orthopedic Group including Dr. Michael Sheen. On \_\_\_, while at work, \_\_\_ was injured when someone threw a television set out of a window and it landed on his neck and right shoulder region. He subsequently had problems with chronic pain and post traumatic seizures. He has had very extensive treatment. He had numerous diagnostic studies including MRIs, cervical myelogram and numerous EMG studies. He had two cervical surgeries performed including a fusion of C5-6. He also had right shoulder surgery. He developed optic neuropathy which was felt unrelated to his injuries. The records also indicate that \_\_\_ experienced problems with polysubstance abuse.

The majority of the records concern his treatment by a neurologist, Dr. Danny Bartel. Dr. Bartel performed various diagnostic studies and therapeutic interventions on \_\_\_ including a combination of epidurals and trigger point injections and "cervical tendon sheath injections" dating back to approximately 2002.

Dr. Bartel's phone and progress notes refer to the procedures having been performed as "trigger point injections." However, in the actual procedure notes themselves, Dr. Bartel used the term cervical tendon sheath injections.

#### RECORDS REVIEWED

- 1) Office progress notes, test results and correspondence from Danny Bartel, MD dated 01-06-94 to 11-01-05.
- 2) Physician bill review findings by Joel Wilk, MD and Milton Klein, DO from Forte dated 12-08-05.
- 3) Peer file reviews by Phillip Osborne, MD and Associates dated 01-27-03 to 06-21-03.
- 4) Peer file review by Robert Nieto, MD dated 11-06-02.
- 5) MRI of the cervical spine by North Texas Imaging Center dated 09-17-02.

- 6) MRI of the lumbosacral spine by Kell West Regional Hospital dated 04-26-02
- 7) Office progress notes and provider reports by Scott Shaffer, MD – Pacific Rehabilitation Group of Wichita Falls dated 06-08-00 to 09-14-00.
- 8) Correspondence including exhibits from Steven Timpton, Attorney at Law dated 03-27-06 to 04-07-06.
- 9) Office notes and procedure reports from Malcolm Herron, DO dated 01-16-94 to 12-04-96
- 10) Orthopedic peer file review by Linda Burk, MD dated 03-05-96.
- 11) MRI of the cervical spine by Wichita Falls Imaging Center<sup>3</sup> dated 01-12-94, 07-15-94 and 01-18-96.
- 12) Physiatry peer file review by Dorothy Leong, MD dated 03-04-96.
- 13) Neurological peer file review by John Herney, MD dated 03-22-96.
- 14) Dental consultation – Lee Harrison, DDS dated 02-29-00.
- 15) Dental peer file review by John Graham, DDS dated 05-12-00.
- 16) Physical therapy evaluation by Vernon Physical Therapy dated 08-07-97.
- 17) ENT peer file review by William Monell, MD dated 02-27-96.
- 18) Neuropsychological assessments, progress notes and biofeedback treatment reports by Vincent Escandell, Ph.D. dated 11-34-94 to 07-27-95.
- 19) Impairment rating by David Harris, MD dated 10-10-95.
- 20) Physical medicine and rehabilitation peer file review by James Scott, MD dated 06-11-95.
- 21) Correspondence to Wausau Insurance by Jeffrey Harrington, MD dated 03-06-95.
- 22) Appointment letters regarding independent medical examinations by Southwest Medical Examiners Inc. dated 06-02-95.
- 23) CT of sinuses by Bethania Regional Healthcare Center – 02-06-95.
- 24) Neurosurgery consultation and office notes – Paul Renton, MD – 01-19-94 to 10-17-94.
- 25) Ophthalmology progress notes – Jeffrey Harrington, MD – 08-11-94.
- 26) Emergency room notes and hospital records – Bethania Regional Healthcare Center – 08-21-94 to 12-02-94.
- 27) Neurosurgery consultation – Howard Morgan, MD – 09-19-94.
- 28) Orthopedic second opinion regarding cervical surgery – James Fontenlet, MD – 02-21-94.
- 29) X-rays of the cervical spine – Wichita Falls United Diagnostic Center – 06-17-94.
- 30) Orthopedic consultation and operative report by Michael Sheen, MD dated 05-11-94 to 05-20-94.
- 31) Cervical myelogram – Bethenia Regional Healthcare Center dated 01-19-94.
- 32) Correspondence by Lowell Templer, MD dated 02-03-94.
- 33) Hospital records – Bethenia Regional Healthcare Center dated 11-08 to 11-11-94.
- 34) MRI of the right shoulder – Wichita Falls United Diagnostic Center – 04-22-94.
- 35) GI consult – Joe Dean, MD – 11-22-94.
- 36) Physical therapy evaluation by Caremark 09-20-93.
- 37) EMG of the upper extremities by Michael Hummer, MD dated 08-25-93.
- 38) Specific and subsequent medical reports by Lorri Wasserberger dated 09-19-93 to 11-12-93.
- 39) Emergency room reports by Seton Medical Center – 06-24-93.
- 40) Office progress notes by the Orthopedic Group dated 05-17-93 to 09-01-93.

#### DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of injections: single tendon sheath, or ligament, aponeurosis 20550 and injections, triamcinolone acetonide, per 10 mg J3301 on 10-11-2005.

#### DECISION

The reviewer agrees with the previous adverse determination.

#### BASIS FOR THE DECISION

Tendon sheath injections are performed on specific tendons to relieve pain, inflammation, and dysfunction. Examples include the biceps tendon in the arm or a trigger finger injection in the hand. Dr. Bartel performed trigger point injections on \_\_\_ on the date

in question—his personal documentation even uses the terminology “trigger point injections” except for the procedure notes which describe them as “tendon sheath injections”. Also, the muscles whose tendons sheaths Dr. Bartel noted to have injected don’t have defined tendon sheaths.

CMS identifies common appropriate diagnoses for tendon sheath injections as tenosynovitis, Morton’s neuroma and ganglion cyst, none of which applied to \_\_\_\_.

The proper code Dr. Bartel should have used, per CMS guidelines, is 20553 “Inject trigger points, greater to or equal to three sites”. This is the procedure he performed on 10-11-05.

#### REFERENCES

1. <http://www.accuchecker.com/AccuLibrary.Articles/injtendonsheath.asp>
2. <http://www.umd.nycpic.com/cgibin/bookmgr/bookmgr.exe/BOOKS/SU022E03/FRONT>
3. [http://www.cignamedicare.com/partb/lmrp/tn/cms\\_fu/9301-01.htm](http://www.cignamedicare.com/partb/lmrp/tn/cms_fu/9301-01.htm)

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee’s policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest 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.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director

#### **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.**

Sincerely,

Wendy Perelli, CEO

**I hereby certify, in accordance with DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the Division via facsimile, U.S. Postal Service or both on this 1<sup>ST</sup> Day of May 2006**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative: Wendy Perelli**