



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

Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor's Name and Address:	MDR Tracking No.: M5-06-1759-01
Horizon Health % Bose Consulting, L. L. C. P. O. Box 550496 Houston, Texas 77255	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:
Associated Casualty Insurance Company, Box 53	

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary: "Necessary Treatment."

Principle Documentation:

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

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary: "...Corvel used the LMRP for coverage and criteria. After careful review of the above requested MDR, it is Corvel's response that the original audit was done correctly and no additional payment is owed..."

Principle Documentation:

1. DWC-60/Table of Disputed Services/Position Summary
4. CMS-1500's
5. EOBs

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)
8-10-05 – 11-23-05	97535, E0745, 99212, 97110, 97112, 97140	<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.

Please note that CPT codes 99071 and 97032 on 8-10-05 were addressed in an earlier Finding and Decision (M5-06-1525-01). These services will not be a part of this review.

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 and 134.1
Texas Labor Code 413.031

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.

Findings and Decision by:

Medical Dispute Officer

08-10-06

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.

MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71
Phone: 512-288-3300

Austin, Texas 78735
FAX: 512-288-3356

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M5-06-1759-01
Name of Patient:	
Name of URA/Payer:	Horizon Health
Name of Provider: (ER, Hospital, or Other Facility)	Horizon Health
Name of Physician: (Treating or Requesting)	Carrie Schwartz, DC

July 10, 2006

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Division of Workers' Compensation

DOCUMENTS REVIEWED

Notification of IRO Assignment
MDR Request / Response, Table of Disputed Services
Position Statement, Bose Consulting
Imaging Reports, Kevin Legendre, MD
Medical Reports, Bobby Pervez, MD
Designated Doctor Evaluation, Alonzo McLeod, DO
Medical Reports, Clear Lake Regional Medical Center
Imaging Reports, Kenneth Lutschg, MD
Imaging Reports, Michael Rodriguez, MD
Chiropractic Reports & Notes, Carrie Schwartz, DC
Unsigned Chiropractic Chart Notes, Horizon Health
Multiple Claim Forms, Horizon Health/Fusion Health LLC
Multiple EOBs, Explanation of Review, Corvel

CLINICAL HISTORY

Available information suggests that this patient reports experiencing an occupational injury on ___ as a result of a fall from a 12 ft. ladder. He was apparently knocked unconscious and transported by EMS to the Clear Lake Regional Medical Center. He appeared to sustain injuries to his face and right arm. Imaging studies were performed and he was released with medications and a cast on his right arm. Imaging studies were largely unremarkable for gross fracture. MRI imaging from 07/14/05 suggests a small elbow joint effusion with evidence of tendonitis of the common flexor tendon consistent with medial epicondylitis. The patient appears to be referred for orthopedic follow-up but does not appear to take this instruction. On June 22nd, 2005, the patient presents to a chiropractor, Dr. Schwartz, for conservative care. The patient is referred for pain management evaluation and orthopedic consultation. The patient does see anesthesiologist, Bobby Pervez, MD, on 06/27/05 and is provided with medications. No orthopedic consultation appears to be made. The patient does appear to begin conservative care with Dr. Schwartz utilizing both passive and active therapies in addition to manipulation and mobilization. A follow-up note from Dr. Pervez on 07/25/05 reports that the patient continues to have the same level of pain and dysfunction. The patient reports that he has cut off the cast on his right arm himself and has not consulted an orthopedic surgeon. Dr. Pervez recommends that he consult an orthopedic physician, take medications as prescribed and begin a rehabilitation program as suggested by the orthopedic surgeon only. Follow-up notes with chiropractor, Dr. Schwartz on this same day suggest that the patient is placed in an undisclosed rehabilitation program and is again referred to an orthopedic surgeon for consultation. No chiropractic or orthopedic reports or notes are submitted from the period of 07/25/05 to 09/07/05. Chiropractic notes from 09/07/05 to 11/23/05 suggest that the patient is continued with multiple passive and active modalities including McKinzie back extension exercise for a working diagnosis of right elbow epicondylitis/tendonitis. Again, no mention of orthopedic assessment or consultation appears to be made.

Designated doctor evaluation is made 09/07/05 by Alanzo McLeod, DO, indicates that the patient has not reached MMI and would require additional rehabilitation and orthopedic evaluation.

REQUESTED SERVICE(S)

Determine medical necessity for self-care management training (97535), neuromuscular stimulator (E0745), office visits (99212), neuromuscular reeducation (97112), therapeutic exercises (97110), and manual therapy technique (97140) for period in dispute 08/10/05 through 11/23/05.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Medical necessity for ongoing treatments and services (97353, E0745, 99129, 97112, 97110 and 97140) **are not supported by available documentation** including orthopedic evaluation/consultation and recommendations. Notes from both Dr. Pervez* and Dr. Schwartz** suggest that orthopedic evaluation is necessary and has been ordered several times, yet no documentation of this is provided for review. Further evidence of non-compliance by the patient is exhibited by his self-removal of arm casting. Also, medical necessity and causal relationship of McKinzie back extension exercises for elbow injury cannot be determined by available documentation. The patient's failure to improve with ongoing care is further evidence that formal orthopedic assessment would be required before ongoing rehabilitation therapy is continued.

*Report from Dr. Pervez – 07/25/05, ** Reports from Dr. Scwartz 06/22/05 & 07/25/05.

1. Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Physical Therapy, Volume 81, Number 10, October 2001.
2. Brotzman B, Wilk K, "Clinical Orthopedic Rehabilitation," 2nd Ed., ISBN 0-323-01186-1, Mosby Press, 2003, pp. 236-238.
3. Bigos S., et. al., AHCP, Clinical Practice Guideline, Publication No. 95-0643, Public Health Service, December 1994.
4. Harris GR, Susman JL: "Managing musculoskeletal complaints with rehabilitation therapy" Journal of Family Practice, Dec, 2002.
6. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Mercy Center Consensus Conference, Aspen Publishers, 1993.

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the 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.

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.

Chief Clerk of Proceedings
Division of Workers' Compensation
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell