



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: () Health Care Provider (X) Injured Employee () Insurance Carrier

Requestors Name and Address:	MDR Tracking No.:	M5-06-1821-01 (current MDR #) M4-06-1648-01 (former MDR #)
	Claim No.:	
	Injured Employee's Name:	
Respondent's Name and Address: American Casualty Rep Box # 47	Date of Injury:	
	Employer's Name:	
	Insurance Carrier's No.:	

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary: Per the Table of Disputed Services "Dr. Smith told me that if chiropractic helped at all, then I should definitely do it for any relief at all. This is the only time I can do any work is after I have been to the chiropractor."

Principle Documentation:

1. DWC 60/Table of Disputed Services
2. Explanation of Benefits

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary: "Carrier contends that the chiropractic treatment and/or massage therapy from 9/7/2004 through 9/14/2005, and the office visit of 7/8/2005 were not reasonable or necessary medical treatment. The care was not approved or recommended by the treating doctor. The treatment and office visit did not promote the recovery or cure the patient's reported symptoms. Carrier's RME doctor released the claimant to return to work full duty and stated that the patient's compensable injuries had resolved. The treating physician found that the claimant was stable."

Principle Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF DISPUTE AND FINDINGS

<u>Date(s) of Service</u>	<u>CPT Code(s) or Description</u>	<u>Medically Necessary?</u>	<u>Additional Amount Due (if any)</u>
11-01-04 to 09-14-05	Chiropractic services including electrical stimulation, hot or cold packs and special supplies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$1,577.00
07-08-05	Office visit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$155.00
	<u>TOTAL DUE</u>		\$1,732.00

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.

P.O. Box 855
Sulphur Springs, TX 75483
903.488.2329 * 903.642.0064 (fax)

The Division has reviewed the enclosed IRO decision and determined that the Requestor **did prevail** on the disputed medical necessity issues. Dates of service 09-07-04 through 10-21-04 were not timely filed per Rule 133.308(e)(1) and will therefore not be a part of the review. Listed on the Table of Disputed Services was a request for reimbursement for “expenses for mileage” to and from appointments for dates of service 07-08-05 and 09-07-04 through 09-14-05. These requests are handled in the DWC field offices and will therefore not be reviewed by Medical Dispute Resolution.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308, 134.1 and 134.202
Texas Labor Code, Sec. 413.031 and 413.011 (a-d)

PART VII: DIVISION FINDINGS AND ORDER

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 entitled to reimbursement in the amount of \$1,732.00. The Division hereby **ORDERS** the Respondent to remit this amount to the Requestor within 30 days of receipt of this Order.

Order by:

10-13-06

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.

INDEPENDENT REVIEW INCORPORATED

August 31, 2006

AMENDED OCTOBER 7, 2006

Re: MDR #: M5 06 1821 01 Injured Employee: ___
DWC #: _____ DOI: ___
IRO Cert. #: 5055 SS#: ___

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation

Attention: ___

Medical Dispute Resolution

Fax: (512) 804-4868

RESPONDENT: American Casualty Ins.

REQUESTOR: _____

TREATING DOCTOR: Earl Smith, MD

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the office manager of Independent Review, Inc. 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 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 Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a chiropractor who is currently listed on the DWC Approved Doctor List.

This decision by Independent Review, Inc. is deemed to be a DWC decision and order.

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, 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.

Sincerely,

A stylized logo consisting of the lowercase letters 'j' and 'c' in a bold, sans-serif font. The 'j' is positioned to the left of the 'c', and they are both rendered in a dark grey or black color.

Jeff Cunningham, DC
Office Manager

REVIEWER'S REPORT M5 06 1821 01

Information Provided for Review:

1. DWC Assignment
2. Carrier records
3. Treating doctor records
4. Nall Chiropractic records

Clinical History:

Ms. ___ was injured on her job when she fell out of her chair at work, injuring her right shoulder and cervical spine. She was treated by an orthopedic surgeon, Earl Smith, MD. She did not improve after treatment from Dr. Smith and he decided to release the patient back to work ½ time with no lifting over 10 pounds. She eventually was referred to a TWCC designated doctor, Dmitry Golovko, MD, who found her at MMI with 17% whole person impairment. He found impairment in the right shoulder and cervical spine. Ms. ___ began treatment at Nall Chiropractic for her neck and shoulder pain. The patient sent records from her treatment indicating that she had seen Dr. George Cole upon the request of the carrier and was dissatisfied with his assessment. She indicated that her chiropractic care was the only treatment that she had received that allowed her to rest at night and relieved her pain. The chiropractic records indicate that the patient was treated with Thompson drops for her cervical pain, likely due to the prior surgery.

Disputed Services:

The carrier has denied the medical necessity of chiropractic care for this patient from November 1, 2004 to September 14, 2005, to include July 8, 2005.

Decision:

I DISAGREE WITH THE CARRIER'S DECISION IN THIS CASE.

Rationale:

The patient in this case paid for the chiropractic therapy out of her pocket and all records indicate that she received successful treatment from Nall Chiropractic. The provider of chiropractic is not on the ADL. While the carrier accurately states that there was no referral of chiropractic by the treating doctor, that is not the question that I am asked. The question here is whether the chiropractic care was reasonable and necessary for this patient's condition. In looking at the records, the patient did indeed improve with the care that was offered on each date of service. While the improvement was not permanent, she did indeed receive relief from the care and it improved her quality of life. As a result, I believe that the care rendered was within the standards of chiropractic care and was necessary for this patient's condition. This includes the date of July 8, 2005

Screening Criteria/Guidelines:

TCA Guidelines, Guidelines of the Mercy Conference.