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 and Fee Dispute

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier

Requestor;s Name and Address: Central Dallas Rehab 3500 Oak Lawn, Suite 380 Dallas, TX 75219	MDR Tracking No.: M5-06-1897-01 Previous Tracking No.: M4-05-A599-01 Claim No.: Injured Employee's Name:
Respondent's Name and Address: American Casualty Co of Reading, Box 47	Date of Injury: Employer's Name: Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position summary states, "…There is not an issue of compensability in this case. All treated body parts were a part of the accepted claim...."

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 states, "…Carrier urges that the IRO assigned to this dispute make a determination that the (services) provided by Central Dallas Rehab from 1-15-03 – 3-5-03 be found to be medically unnecessary as the claimant's compensable injury was a lumbar strain and chest contusion. Extended chiropractic treatment and a work hardening program with multiple FCE's is not cost effective utilization of resources or supported by scientific based practices…."

Principle Documentation:

1. DWC-60/Table of Disputed Services

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)
1-15-03 – 3-5-03	99213, 97530, 97110, 97750-MT, 95851, 99361 and Work Hardening Program	☐ Yes ☒ 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.

Dates of service 1-27-03 and 1-28-03 were denied both for "R-Extent of Injury" and "V-Unnecessary Treatment without Peer Review." Review of the Requestor's CMS 1500's reveals that the diagnoses disputed by the carrier were not billed by the Requestor. These services were sent to the IRO as there are no compensability issues.

The Division has reviewed the enclosed IRO decision and determined that the Requestor did not prevail on the disputed medical necessity issues. The amount due the Requestor for the items denied for medical necessity is $0.00.

Based on review of the disputed issues within the request, the Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by Medical Dispute Resolution.

On 7-19-06 the Medical Review Division submitted a Notice to Requestor to submit additional documentation necessary to support the charges and to challenge the reasons the Respondent had denied reimbursement within 14 days of the Requestor's receipt of the Notice.

The Requestor submitted proof that this dispute was resubmitted for reconsideration to the Respondent. The Respondent signed for this dispute on 5-5-03.

CPT code 95851 on 1-15-03 was denied by the carrier as "1-Date of service or date of admission is prior to date of injury." The date of injury is . The date TDI received this dispute is 6-3-03. The services of 1-15-03 were timely filed. Per the 1996 MFG and the Medicine Ground Rules "Range of Motion measurements and muscle testing…during this re-evaluation are included in this code and shall not be reimbursed separately." Recommend no reimbursement.

CPT code 99213 on 1-15-03 was denied by the carrier as "1-Date of service or date of admission is prior to date of injury." The date of injury is . The date TDI received this dispute is 6-3-03. The services of 1-15-03 were timely filed. The Requestor provided Documentation of Procedure per the General Instruction Ground Rules for the 1996 MFG. Recommend reimbursement of $48.00.

CPT code 97265 on 1-15-03 was denied by the carrier as "1-Date of service or date of admission is prior to date of injury." The date of injury is . The date TDI received this dispute is 6-3-03. The services of 1-15-03 were timely filed. The Requestor provided Documentation of Procedure per the General Instruction Ground Rules for the 1996 MFG. Recommend reimbursement of $43.00.

CPT code 97250 on 1-15-03 was denied by the carrier as "1-Date of service or date of admission is prior to date of injury." The date of injury is The date TDI received this dispute is 6-3-03. The services of 1-15-03 were timely filed. The Requestor provided Documentation of Procedure per the General Instruction Ground Rules for the 1996 MFG. Recommend reimbursement of $43.00.

CPT code 97122 on 1-15-03 was denied by the carrier as "1-Date of service or date of admission is prior to date of injury." The date of injury is . The date TDI received this dispute is 6-3-03. The services of 1-15-03 were timely filed. The Requestor provided Documentation of Procedure per the General Instruction Ground Rules for the 1996 MFG. Recommend reimbursement of $35.00.

CPT code 97110 on 1-15-03 was denied by the carrier as "1-Date of service or date of admission is prior to date of injury." The date of injury is . The date TDI received this dispute is 6-3-03. The services of 1-15-03 were timely filed. The Requestor provided Documentation of Procedure per the General Instruction Ground Rules for the 1996 MFG. Recommend reimbursement of $140.00 (4 units x $35.00).

Regarding CPT code 99213 on 1-16-03, 1-20-03 and 1-21-03: Neither the Respondent nor the Requestor provided EOB's for the services. The Requestor submitted convincing evidence of carrier receipt for "Request for Reconsideration EOB's" in accordance with 133.307 (e)(2)(B). The Respondent did not provide EOB's per rule 133.307(e)(3)(B). These services were reviewed per the 1996 MFG. Recommend reimbursement of $144.00 (3 DOS x $48.00).

Regarding CPT code 97265 on 1-16-03: Neither the Respondent nor the Requestor provided EOB's for the services. The Requestor submitted convincing evidence of carrier receipt for "Request for Reconsideration EOB's" in accordance with 133.307 (e)(2)(B). The Respondent did not provide EOB's per rule 133.307(e)(3)(B). These services were reviewed per the 1996 MFG. Recommend reimbursement of $43.00.

Regarding CPT code 97250 on 1-16-03: Neither the Respondent nor the Requestor provided EOB's for the services. The Requestor submitted convincing evidence of carrier receipt for "Request for Reconsideration EOB's" in accordance with 133.307 (e)(2)(B). The Respondent did not provide EOB's per rule 133.307(e)(3)(B). These services were reviewed per the 1996 MFG. Recommend reimbursement of $43.00.

Regarding CPT code 97122 on 1-16-03: Neither the Respondent nor the Requestor provided EOB's for the services. The Requestor submitted convincing evidence of carrier receipt for "Request for Reconsideration EOB's" in accordance with133.307 (e)(2)(B). The Respondent did not provide EOB's per rule 133.307(e)(3)(B). These services were reviewed per the 1996 MFG. Recommend reimbursement of $35.00.

Regarding CPT code 97110 on 1-16-03, 1-20-03 and 1-21-03: Neither the Respondent nor the Requestor provided EOB's for the services. The Requestor submitted convincing evidence of carrier receipt for "Request for Reconsideration EOB's" in accordance with 133.307 (e)(2)(B). The Respondent did not provide EOB's per rule 133.307(e)(3)(B). These services were reviewed per the 1996 MFG. Recommend reimbursement of $385.00 (11 units x $35.00).

Regarding CPT code 97530 on 1-21-03: Neither the Respondent nor the Requestor provided EOB's for the services. The Requestor submitted convincing evidence of carrier receipt for "Request for Reconsideration EOB's" in accordance with 133.307 (e)(2)(B). The Respondent did not provide EOB's per rule 133.307(e)(3)(B). These services were reviewed per the 1996 MFG. Recommend reimbursement of $35.00.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code 413.031 and 413.011(d)
Texas Administrative Code Sec. 133.304(i)(1-4), 133.307(g)(3)(D), 133.308, 134.1
General Instruction Ground Rules for the 1996 MFG
Medicine Ground Rules for the 1996 Medical Fee Guideline

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 paid IRO fee. The Division has determined that the Requestor is entitled to reimbursement for the services involved in this dispute in the amount of $994.00. The Division hereby **ORDERS** the Respondent 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:

	Medical Dispute Officer	9-1-06
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.

IMED, INC.

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NOTICE OF INDEPENDENT REVIEW

NAME OF EMPLOYEE:
IRO TRACKING NUMBER: M5-06-1897-01
NAME OF REQUESTOR: Central Dallas Rehabilitation
NAME OF CARRIER: American Casualty Company
DATE OF REPORT: 08/07/06
IRO CERTIFICATE NUMBER: 5320

TRANSMITTED VIA FAX:

IMED, Inc. has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO).

In accordance with the requirement for TDI to randomly assign cased to IROs, TDI has assigned your case to IMED, Inc. for an independent review. The peer reviewer selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the peer reviewer reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal.

The independent review was performed by a matched peer with the treating physician. This case was reviewed by a chiropractic physician reviewer who is Board Certified in the area of Chiropractic Medicine and is currently listed on the DWC approved doctor list.

I am the Secretary and General Counsel of IMED, 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 provider, the injured employee, 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. I further certify that no conflicts of interest of any nature exist between any of the aforementioned parties and any director, officer, or employee of IMED, Inc.

REVIEWER REPORT

I have reviewed the records forwarded on the above injured worker and have answered the questions submitted.

Information Provided for Review:

- Functional ability evaluation 11/27/02 continued weekly through 02/04/03.
- 12/20/02 – MRI scan lumbar spine Central Dallas Rehabilitation.
- Office notes starting 01/15/03 through Friday 02/28/03.
- A Designated Doctor Evaluation placing the claimant at MMI on 02/14/03.
- Peer review from 03/13/03 by Benjamin Agana, M.D.
- Request from Central Dallas Rehabilitation for preauthorization for work hardening.
- Work hardening activities through early March, 2003.
- Evaluation summary report dated 02/13/03.

Clinical History Summarized:

The claimant, ___, was employed by at the time of the accident. He suffered a back injury at work when he was running a floor stripping machine and slipped on the wet floor, falling and landing on his right side.

Since then, the claimant has had an MRI, which showed Grade I anterolisthesis, bilateral pseudoarthrosis present between lateral masses of L5 and the sacral alae. A CT scan was performed, with no indication of broken ribs. The claimant apparently had some rib pain.

The claimant has received various forms of conservative treatment and rehabilitation.

Disputed Services:

99213 - (office visits), 97530 - (therapeutic activities), 97110 - (therapeutic exercises), 97750-MT - (muscle test), 95851 - (range of motion testing), 97530 - (therapeutic activities/work hardening), 99361 - (medical conference by a physician).

Dates of service 01/15/03 to 03/05/03.

Decision:

Denial Upheld

Denial of 99213 (office visits), 97530 (therapeutic activities), 97110 (therapeutic exercises), 97750-MT (muscle testing), 95851 (range of motion), 97530 (therapeutic activities/work hardening program), and 99361 (medical conference by a physician).

Rationale/Basis for Decision:

The claimant reached maximum improvement in regard to range of motion right about the beginning of therapy in question, which was the middle to early January. In reviewing the daily notes during the time period in question, the claimant's pain scale did not change. There was no objective outcome assessment demonstrating significant improvement. The claimant was examined by a medical doctor and put at Maximum Medical Improvement (MMI) as of 02/14/03 and did not recommend a continuation of therapy. The work hardening was apparently initiated and was not supported as being reasonable and necessary. There were no real functional capacity studies available for review. There was a functional abilities evaluation, which showed some isometric strength testing and some range of motion testing. However, there was no legitimate dynamic lifting to demonstrate a true physical demand level (PDL) or anything that would constitute a lifting or work category. There was no job comparison. Having said this, there was no documentation to clearly support care during the time period. Also, care goes beyond what would be considered reasonable and customary, based upon the ***ODG Guidelines***, the ***ACOEM Guidelines***, as well as the documentation not supporting therapy, based upon definition of medical necessity, as listed by the Texas Labor Code.

The rationale for the opinion stated in this report is based on the above mentioned guidelines, record review, as well as the broadly accepted literature to include numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

References:

Occupational Medicine Practice Guidelines, Medical Disability Advisor, ODG Guidelines, Texas Labor Code, ACOEM Guidelines.

The rationale for the opinion stated in this report is based on the record review, as well as the broadly accepted literature to include numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with IMED, Inc. is deemed to be a DWC decision and order.

YOUR RIGHT TO REQUEST A HEARING

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 thirty (30) days after the date on which the decision that is the subject of the appeal is final and appealable.

I hereby verify that a copy of this Independent Review Organization's decision was sent to the DWC via facsimile or U.S. Postal Service this 7th day of August, 2006 from the office of IMED, Inc.

Sincerely,

Charles Brawner
Secretary/General Counsel