



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: (X) Health Care Provider () Injured Employee () Insurance Carrier	
Requestors Name and Address: Valley Spine Medical Center 5327 South McColl Road Edinburg, Texas 78539	MDR Tracking No.: M5-06-1914-01 (current MDR#) M4-06-5642-01 (former MDR#)
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: American Home Assurance Company Rep Box # 19	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 "The care rendered to the patient has met criteria set by Texas Labor code Section 408.21 complete rationale for increase reimbursement can be found in the medical records of the complete Medical Dispute."

Principle Documentation:

1. DWC 60/Table of Disputed Services
2. CMS 1500's
3. Explanation of Benefits

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary: "As a result of the review, no additional payment was recommended towards the amount in dispute."

Principle Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
05-02-05 to 05-18-05	99212 (\$45.26 X 7 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$316.82
05-02-05 to 05-19-05	97110, G0283, 97012 and 97140	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
TOTAL DUE			\$316.82

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 **majority** of the disputed medical necessity issues.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308, 134.1 and 134.202(c)(1)
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 \$316.82. In addition, the Division finds that the Requestor was not the prevailing party and is not entitled to a refund of the IRO fee. 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.

Order by:

Authorized Signature

Typed Name

10-04-06

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.

MATUTECH, INC.

**PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544**

September 5, 2006

Texas Department of Insurance
Division of Workers' Compensation
Fax: (512) 804-4001

Re: Medical Dispute Resolution
MDR#: M5-06-1914-01
DWC#: _____
Injured Employee: _____
DOI: _____
IRO Certificate No.: IRO5317

Matutech, Inc. has performed an Independent review of the medical records of the above-named case to determine medical necessity. In performing this review, Matutech reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

Matutech certifies that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him the provider, 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 obtained from Valley Spine Medical Center and Arkansas Claims Management, Inc. The Independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is licensed in chiropractic and is currently on the DWC Approved Doctor list.

Sincerely,

John Kasperbauer
Matutech, Inc.

REVIEWER'S REPORT

Information provided for review:

Request for Independent Review

Information provided by Valley Spine Medical Center

Office visits (03/28/05 – 06/08/05)
Therapy notes (03/29/05 – 12/05/05)
FCE (05/23/05 and 08/11/05)
Radiodiagnostics (05/02/05 and 05/26/05)

Information provided by Arkansas Claims Management, Inc.:

Office visits (03/28/05 - 05/31/05)

Clinical History:

The patient is a 21-year-old female who sustained injury to her neck and right shoulder while lifting heavy things. On March 28, 2005, Alex Flores, Jr., D.C., evaluated the patient for cervical pain radiating to the right shoulder as well as mid thoracic pain. Examination showed tenderness over the cervical paraspinals. Range of motion (ROM) was diminished in the cervical, thoracolumbar, and right shoulder region. Cervical compression, shoulder compression, and Kemp's test were positive. X-rays of the cervical spine revealed moderately diminished lordosis. X-rays of the thoracic and lumbar spine and right shoulder were unremarkable. Dr. Flores prescribed a Cryo pack and recommended physical therapy (PT). Pete Garcia, M.D., recommended PT and magnetic resonance imaging (MRI) of the cervical spine. From March 29, 2005, through December 15, 2005, the patient attended 27 sessions of physical therapy (PT) consisting of electrical muscle stimulation, ultrasound, traction, joint mobilization, myofascial release, and neuromuscular re-education. Gerardo Zavala, M.D, a neurosurgeon prescribed Darvocet-N, Mobic, and Antivert (for dizziness). MRI of the cervical spine revealed straightening and reversal of the cervical lordosis and 1-2 mm annular disc bulge at C6-C7 pressing against the anterior thecal sac. Dr. Zavala recommended continuation of PT. His diagnoses included cervical radiculopathy with protruded disc at C6-C7 and posttraumatic vestibular dysfunction. In a mental evaluation, the patient was diagnosed with pain disorder, adjustment disorder, sleep disorder, and major depressive disorder. Individual therapy sessions were recommended. In a functional capacity evaluation (FCE), the patient did not perform at her job physical demand level (PDL) of medium-heavy. The evaluator recommended aggressive physical rehabilitation work hardening program (WHP). MRI of the right shoulder was unremarkable. Dr. Zavala recommended a cervical epidural steroid injection (ESI) and conservative treatment for the right shoulder.

In May, PT and chiropractic care was denied since the records lacked valid documentation establishing the medical necessity of the therapy and failure to establish an overall improvement in the functional status. In June, the patient attended two sessions of individual therapy. Regarding the therapy sessions from May 2, 2005, through May 6, 2005, Melissa Tonn, M.D., rendered adverse determination. She stated

that the patient was not progressing enough to warrant ongoing care. In a repeat mental health evaluation and FCE, the patient was recommended participation in WHP. She was not at her PDL of medium-heavy.

No medical records for 2006 are available.

Disputed Services:

Office visit (99212), therapeutic exercises (97110), manual therapy techniques (97140), electrical stimulation (G0283), and mechanical traction (97012) Dates of disputes: May 2, 2005, through May 19, 2005

Explanation of Findings:

According to the medical records reviewed, the claimant was injured on _____. The claimant underwent initial treatments (passive modalities and active exercises) to the cervical spine and right shoulder beginning on 3-28-05 through 4-29-05. The patient underwent an MRI to the cervical spine on 5-2-05 that revealed a 1-2mm disc bulge at C6-7 and straightening of the normal curve due to muscle spasms. The treatments in question are office visits, therapeutic exercises, manual therapy, electrical stimulation, and mechanical traction from 5-2-05 to 5-19-05. A re-evaluation on the claimant performed on 4-27-05 revealed that the claimant had not made objective progress with the treatments that she had received to date. The re-exam showed that the strength of the entire right upper extremity was decreased (4/5), range of motion was not actually measured on this claimant but according to the report visual examination showed that "movements were not within normal limits of her left upper extremity", sensory testing in the left upper extremity was normal (I assume that sensory testing was abnormal in the right upper extremity), pain levels were still moderately severe and constant, and joint mobility was decreased in the right upper extremity. According to the Official Disability Guidelines, 2005 treatment for cervical disc displacement is 16 visits over 6-8 weeks. The guidelines also state that treatment for a shoulder sprain is 9 visits over 8 weeks. The guidelines state that "When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. If additional circumstances are present, documentation must support medical necessity". The medical records do not show enough objective evidence or exceptional factors to justify medical necessity for additional treatments beyond 4-29-05. However, office visits would be medically necessary in order to periodically assess the claimant as to her subjective and objective complaints and to assess or modify her treatment plan. Thus, only office visits from 5-2-05 to 5-19-05 would be medically necessary to treat this claimant. All other treatments in question were not medically necessary to treat this claimant.

Conclusion/Decision To Uphold, Overturn or Partially Uphold/Overturn denial:

Partially Uphold

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision: _____ Official Disability Guidelines, 2005

The physician providing this review is a chiropractor. The reviewer is national board certified in chiropractic. The reviewer has been in active practice for seven years.

Matutech is forwarding this decision by mail and in the case of time sensitive matters by facsimile to the Texas Department of Insurance, Division of Workers Compensation.

Matutech retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by Matutech clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the Utilization Review Accreditation Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by Matutech represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to Matutech for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Matutech assumes no liability for the opinions of its contracted physicians and/or clinician advisors the health plan, organization or other party authorizing this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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.