



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	
Requestor's Name and Address: Edward F. Wolski, M.D./Wol+Med 2436 I-35 E. South Suite # 336 Denton, Texas 76205	MDR Tracking No.: M5-06-2000-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Texas Mutual Insurance Company Rep Box # 54	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.: 99F0000403779

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary: "The denial code reason stated by the carrier was "medically unnecessary"...Documentation is available to support our claim that the patient's pain improved with treatment."

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: The position statement submitted by Texas Mutual does not address the disputed services.

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)
09-16-05 to 09-27-05	97032, 97035, A9150, 97110, 97530 and 95851	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$00.00
11-17-05, 11-22-05, 11-25-05 and 11-28-05	97537	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$00.00
01-03-06 & 01-06-06	99213	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$00.00
11-08-05 to 11-28-05	97035 (1 unit @ \$14.63 X 8 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$117.04
11-08-05, 11-14-05, 11-15-05, 11-17-05, 11-21-05, 11-22-05, 11-25-05, 11-28-05	97110-59 (1 unit @ \$33.56 X 16 units)(see note page 2)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$536.96
11-28-05	97530 (1 unit @ \$35.25 X 2 units)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$70.30
01-09-06 & 01-19-06	99199 (DOP)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Reimbursement per Rule 134.202(c)(6)

	<p>Note: CPT code 97110-59 (32 units total) was billed for dates of service 11-08-05, 11-14-05, 11-15-05, 11-17-05, 11-21-05, 11-22-05, 11-25-05 and 11-28-05. Verification was made with the Requestor that the Respondent had paid for sixteen (16) units, therefore only sixteen (16) units remained in dispute.</p>		
	TOTAL DUE		\$724.30 and reimbursement per Rule 134.202(c)(6)

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
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 \$724.30 and per Rule 134.202(c)(6). 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:

05-25-07

Authorized Signature

Medical Dispute Resolution Officer

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.

IRO Decision Notification Letter

Date:	10/10/2006
Injured Employee:	Amended 10/11/2006 Amended 10/18/2006
MDR #:	M5-06-2000-01
DWC #:	
MCMC Certification #:	TDI IRO-5294

REQUESTED SERVICES:

Please review items in dispute:

99213-office visit,
97110-59 therapeutic exercises,
97032-electrical stimulation,
97035-ultrasound,
A9150-hydrocortisone,
97530-59 therapeutic activities,
95851-59-ROM,
97537-Community work, training,
99199-peer to peer review-denied for medical necessity.

Dates of service (DOS): 09/16/2005-11/15/2005

DECISION: **Partial**

IRO MCMCIIc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M5 Retrospective Medical Dispute Resolution on 10/10/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

For DOS 09/16/2005 to 11/05/2005 none of the physical therapy (PT) services listed, office visits, hydrocortisone, or community work training was necessary. From 11/06/2005 (which is when the PT began again) to 11/15/2005, the PT services are reasonable; office visits, hydrocortisone, and community training are not medically necessary. The CPT 99199 (peer review) was billed twice on 01/09/2006 and 01/19/2006. It was medically necessary, as it was required by the carrier for evaluation of the injured individual.

CLINICAL HISTORY:

The injured individual is a 44 year old female with date of injury 02/06/2005. The injured individual sustained multiple injuries and bruises. Her work up indicated cervical disc protrusions, right knee contusion, and left shoulder rotator cuff tear. Physical Therapy (PT) was initiated but continued for seven months without any benefit per her orthoped. The injured individual had multiple injections after 08/02/2005, which would support the lack of response to PT. She had surgery on her left shoulder on 10/20/2005 and then resumed PT on 11/06/2005. For the DOS in question in this review (09/16/2005 to 11/15/2005), only the postoperative PT is reasonable and that began on 11/06/2005.

REFERENCE:

Bonica's Pain Management. Third Edition. Copyright 2000.

RATIONALE:

The injured individual female was injured in two falls on 02/06/2005. The injured individual had numerous PT sessions prior to the first DOS of this review, 09/16/2005. These consisted of active and passive modalities, cortisone, and community work training. She had no benefit per her orthoped's notes of 08/31/2005 and 09/28/2005. She had some benefit per her pain physician's note of 08/02/2005 yet they suggested and did multiple cervical and lumbar injections which would indicate the prior PT had not helped all that much. The PT notes in this review run from 09/16/2005 to 09/27/2005 and then from 11/06/2005 to 11/15/2005 for a total of 12 sessions. The hiatus was due to the injured individual

requiring shoulder surgery on 10/20/2005, another indication that the PT services did not help her. In summary, PT prior to this surgery was not indicated as the injured individual had already received it for months without any benefit. The PT after this surgery from 11/06 to 11/15 was necessary as it was relevant postoperative PT, which is routinely recommended after rotator cuff surgery.

As for the CPT code 99199, it appears the carrier requested peer to peer reviews (they were done a total of three times per the record but only twice with physicians). They would therefore be considered medically necessary for evaluation of the injured individual.

DATES RECORDS RECEIVED:

Medical received 09/11/2006

RECORDS REVIEWED

- Notification of IRO Assignment dated 08/22/06
- MR-117 dated 08/22/06
- DWC-60
- MCMC: IRO Medical Dispute Resolution M5 Retrospective Medical Necessity dated 09/18/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 08/24/06
- MCMC: Statement dated 08/24/06
- Wol+Med: Check dated 09/07/06
- Wol+Med: Letter dated 09/07/06 from Lauren Eggleston, Director of Collections
- Clearsky Imaging: Left knee radiographs dated 6/05/06, MRI left knee dated 02/28/06, MRI right shoulder dated 01/25/06, MRI lumbar spine dated 07/25/05, MRI left shoulder dated 07/13/05, MRI cervical spine/MRI right knee dated 06/15/05
- Texas Mutual: Explanation of Benefits dated 05/22/06 (two), 05/19/06, 12/30/05 (two)
- Wol+Med: Request for Reconsideration dated 04/21/06 from Stacy Milligan
- Texas Mutual: Letter dated 01/31/06
- Wol+Med: Request for Reconsideration for Physical Therapy dated 01/19/06 from Ed Wolski, M.D.
- Dr. Layton Revel: Peer-to-Peer Review dated 01/09/06
- Wol+Med: Physician Records dated 01/06/06, 01/03/06
- DWC: Decision and Orders dated 01/06/06, 05/31/05 from Warren Hancock, Jr., Hearing Officer
- Consulting Physical Medicine: Required Medical Examination dated 12/15/05 from Michael McHenry, M.D.
- Texas Orthopaedic Associates: Occupational/Physical Therapy handwritten notes dated 12/14/05, 11/02/05
- Texas Orthopaedic Associates: Office notes dated 09/28/05, 11/02/05
- Wol+Med: Primary Rehab Progress Notes dated 09/16/05 through 11/28/05
- North Dallas Neuro Diagnostics: Electrodiagnostic test report dated 08/01/05 from Stephen Ward, D.C.
- Wol+Med: Addendum to T. System Progress Note dated 02/07/05 from C. Henderson, APRN
- Undated article entitled, "Texas Labor Code"
- Whole Person Improvement graph for dates 09/07/05, 09/26/05, 12/12/05
- Manual Muscle Test-Shoulder abduction graph for dates 09/09/05, 09/27/05, 12/12/05
- ROM Cervical Flexion/Extension, Cervical Lateral, Cervical Rotation, Lumbar Lateral graphs for dates 02/10/05, 01/30/06
- ROM Shoulder Internal/External Rotation, Shoulder Adduction/Abduction graphs for dates 09/07/05 to 01/30/06
- ROM Shoulder Flexion/Extension graph for dates 09/26/05 to 01/30/06
- ROM Knee Flexion/Extension graphs for dates 01/30/06 to 12/16/06

The reviewing provider is a **Licensed/Boarded Pain Management/Anesthesiologist and certifies that no known conflict of interest exists between the reviewing **Pain Management/Anesthesiologist** 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 prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.**

This decision by MCMC is deemed to be a Division decision and order (133.308(p) (5)).

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. 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.

In accordance with Division rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent via facsimile to the office of DWC on this 18th day of October 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____

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