



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	
Requestors Name and Address: Neuromuscular Institute of Texas – P. A. 9502 Computer Drive, Suite 100 San Antonio, TX 78229	MDR Tracking No.: M5-06-2015-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Box 17	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position Summary (Table of Disputed Services): "Patient was referred by Dr. Patrick Wilson on 8-15-05 for strength/range of motion rehabilitation."

Principle Documentation:

1. DWC-60/Table of Disputed Services/Position Summary
2. EOBs

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position Summary: "Treatment denied per peer review."

Principle Documentation:

1. DWC-60/Table of Disputed Services/Position Summary

PART IV: SUMMARY OF DISPUTE AND FINDINGS - Medical Necessity Services

<u>Date(s) of Service</u>	<u>CPT Code(s) or Description</u>	<u>Medically Necessary?</u>	<u>Additional Amount Due (if any)</u>
1-11-06	99080-73	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$15.00
9-7-05 – 1-11-06	99213, 99214, 99215, 97110m 97003-OT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.00

Total Due	\$15.00
-----------	---------

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.

Date of service 10-24-05 was withdrawn by the Requestor on 11-09-06. This service will not be a part of this review.

The Division has reviewed the enclosed IRO decision and determined that the Requestor did prevail on the disputed medical necessity issues. Per Rule 134.202(d)(2) the amount due the Requestor for the items denied for medical necessity is \$15.00.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

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

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 Requestor is not due a refund of the IRO fee. The Division has determined that the Requestor is entitled to reimbursement in the amount of \$15.00. 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 by:

Medical Dispute

11-17-06

Officer

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.

INDEPENDENT REVIEW INCORPORATED

October 28, 2006

REVISED NOVEMBER 7, 2006

Re: MDR #: M5 06 2015 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: Hammerman & Gainer

REQUESTOR: Neuromuscular Institute of Texas

TREATING DOCTOR: Daniel Burdin, DC

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 with 15 years experience in occupational injuries, board certified in pain management and 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,
Jeff Cunningham, DC
Office Manager

INDEPENDENT REVIEW INCORPORATED

REVIEWER'S REPORT M5 06 2015 01

MEDICAL INFORMATION REVIEWED:

1. DWC Assignment
2. Carrier records
3. Requestor records
4. URA Records
5. Peer Review from PRI (multiple)

BRIEF CLINICAL HISTORY:

This patient was injured on the job and complained of low back, neck, shoulder and wrist pain. The wrist apparently was diagnosed as Carpal Tunnel Syndrome. He apparently had surgical intervention on the CTS. MRI of the lumbar spine indicated a L4/5 disc protrusion. His carpal tunnel syndrome was eventually diagnosed as bilateral. In a RME with Dr. Xeller, he indicated that the CTS surgery was not helpful to any degree on the left and he did not wish to pursue surgery on the right side. The patient had exhaustive passive and active care from early in the injury and lasting through January of 2006

DISPUTED SERVICES:

99213, 99214, and 99215 Office Visits; 97110 Therapeutic Exercises; 97003 OT evaluation; 99080-73 DWC 73 Reports from September 7, 2005 through January 11, 2006.

DECISION:

I AGREE WITH THE INSURANCE CARRIER'S PRIOR FINDING IN THIS CASE, WITH THE EXCEPTION OF THE DWC-73 REPORTS, 99080-73 from September 7, 2005 through January 11, 2006.

RATIONALE OR BASIS FOR DECISION:

There is no disputing that the patient had physical injuries which did require treatment. Clearly, the treating doctor has delivered an extensive type of care to this patient transcends any and all treatment guidelines and good practice. There can be no medical necessity found for the issues in question, despite several pounds of records which are of little use in finding the medical necessity of the disputed services. Early in the treatment

plan, it was clear as to what the patient goals were, and the treating doctor should be commended for that as well as for getting the patient to appropriate providers for injuries outside the chiropractic scope. However, at some point the focus of this case was lost and the treating doctor's medical necessity simply cannot be established with these records.

SCREENING CRITERIA/STUDIES

There is no screening criteria that approaches the establishment of the parameters of a case with this extensive type of care. Therefore, the reviewer used extensive occupational experience as a guideline.