



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

Requestor's Name and Address:
 Grove Physical Therapy
 1143 S. Buckner Blvd # 144
 Dallas, Texas 75217

MDR Tracking No.: M5-06-2133-01

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:

Rep Box # 45

Date of Injury:

Employer's Name:

Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary: "Above treatments and recommendations are necessary and appropriate in these types of injury. This patient's circumstances are further compounded by her weight. I hope that compensation for my efforts will be considered and rendered as soon as possible."

Principle Documentation:

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

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary: "The office will maintain denial of the charges in dispute based on medical necessity."

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)
08-31-05 to 01-04-06	97032, 97112, 99215, 98925, 97140, 97110, 97033, 99213, 97530 and 97035	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
	Note: See further explanation below		
	TOTAL DUE		\$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.

The Division has reviewed the enclosed IRO decision and determined that the Requestor **did not prevail** on the disputed medical necessity issues.

Note: CPT codes 97033, 97530, 97112, 97110, 97116 and 97035 billed for dates of service 12-02-05 through 01-04-06 were found by the IRO reviewer to not be medically necessary. In addition, per Rule 134.600, these services required preauthorization. The Requestor was contacted on 10-30-06 and it was verified that the Requestor did not obtain written preauthorization prior to the services being rendered, therefore, no reimbursement would be warranted.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

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

PART VII: DIVISION FINDINGS AND 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 reimbursement for the services involved in this dispute and is not entitled to a refund of the paid IRO fee.

Findings and Decision by:

Authorized Signature

Typed Name

11-15-06

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.

MATUTECH, INC.

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

AMENDED
October 27, 2006

October 26, 2006

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

Re: Medical Dispute Resolution
MDR#: M5-06-2133-01
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 Grove Physical Therapy, Kenneth Bayles, D.O., and _____ 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 physical medicine and rehabilitation 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 Grove Physical Therapy:

Office visits, including an FCE (11/15/05 – 08/01/06)
Radiodiagnostics (07/12/05 - 05/10/06)
Peer review (09/22/06)
Utilization reviews (06/22/06, 07/03/06, 08/21/06)

Information provided by Kenneth Bayles, D.O.:

Letters to the carrier (01/05/06 – 09/26/06)
Office visits (11/15/05 – 08/30/06)

Information provided by SORM:

Radiodiagnostic notes (10/26/05)
Office visits (07/06/05 – 08/30/06)
PT evaluation notes (07/06/05 – 11/02/05)
Therapy notes (07/06/05 – 12/30/05)

Clinical History:

This is a 52-year-old female who fell off a chair and while attempting to break her fall, injured her right leg, knees, and lower back. Cecilia Okafor, D.O., treated her with Naprosyn and initiated physical therapy (PT). From July 6, 2005, through December 30, 2005, the patient attended 79 sessions of PT consisting of both passive and active modalities (ultrasound, therapeutic exercises, neuromuscular re-education, and gait training). X-rays of the knees had shown degenerative joint disease (DJD). Magnetic resonance imaging (MRI) of the left knee was significant for a posterior horn medial and lateral meniscal tear, tricompartmental DJD, a small joint effusion, and chondromalacia. A right knee MRI showed findings consistent with chronic anterior cruciate ligament (ACL) tear, chondromalacia of the patella, a small joint effusion, tear of the anterior horn of the medial meniscus, and DJD. Lumbar x-rays showed degenerative spondylosis, scoliosis, and L5-S1 degenerative disc disease (DDD). On November 15, 2005, Kenneth Bayles, D.O., an orthopedic surgeon, assessed internal derangement of the right knee with chronic ACL tear, torn left medial and lateral menisci, and lumbar intervertebral disc disorder. He prescribed Celebrex and injected the right knee with a steroid preparation x2.

The patient attended a single session of PT on January 4, 2006. He prescribed topical gel #6 containing ibuprofen, piroxicam, and Ketoprofen and recommended PT. J. Scott Ellis, D.O., recommended bilateral knee arthroscopy. It was noted that the patient underwent left knee arthroscopy on April 13, 2006. A PT evaluation was performed and the patient

was instructed on PT three times a week for four weeks and use of crutches. On June 13, 2006, Dr. Bayles injected the patient's lateral collateral ligament of the left ankle.

On June 22, 2006, a request for an outpatient work conditioning program (WCP) for a period of 20 days was denied. In August, a functional capacity evaluation (FCE) was performed and the patient was noted to fall short of her required physical demand level (PDL) and still had global deconditioning. Continuation of a work hardening program (WHP) that she was undergoing was recommended. On August 21, 2006, 10 sessions of WCP were approved, bringing the total number of WCP sessions up to 25. On August 31, 2006, Dr. Bayles assessed maximum medical improvement (MMI) with 12% whole person impairment (WPI) rating.

In a peer review in September, Juan Yabraian, M.D., an orthopedic surgeon, rendered the following opinions: (1) She would be benefited by arthroscopic lateral meniscectomy and chondroplasty of the right knee. (2) She would also require postop monthly visits, pain medications, cold packs, and PT rehab for range of motion (ROM) and strengthening three times a week for four weeks. (3) Following rehabilitation for six to eight weeks, a WCP would be needed. On September 26, 2006, Dr. Bayles amended his earlier impairment rating (IR) and assigned 9% WPI rating.

Disputed Services:

Electrical stimulation (97032), neuromuscular re-education (97112), office visits (99215), osteopathic manipulation (98925), manual therapy technique (97140), therapeutic exercises (97110), iontophoresis (97033), office visit (99213), therapeutic activities (97530), and ultrasound (97035) [DOS: 08/31/05 – 01/04/06]

Explanation of Findings:

Documentation reveals 79 visits over the course of approx. 17 weeks. This initial treatment was rendered for injuries to her lower back and knees. There was no report of instability, fractures, or nerve trauma. This treatment consisted of passive modalities, along with therapeutic exercise.

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

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the services rendered under the disputed services section in this review from the period 8-31-05 thru and including 1-4-06 were not medically necessary in this case. An initial course of 8 weeks to provide conservative care with physical medicine modalities/treatment is sufficient for the injuries described in the documentation reviewed.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

Per ODG – Official Disability Guidelines, Knee/Leg Chapter:

Physical therapy	<p>Recommended. Positive limited evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. See also specific modalities. (Philadelphia, 2001) Controversy exists about the effectiveness of physical therapy after arthroscopic partial meniscectomy. (Goodwin, 2003) A randomised controlled trial of the effectiveness of water-based exercise concluded that group-based exercise in water over 1 year can produce significant reduction in pain and improvement in physical function in adults with lower limb arthritis, and may be a useful adjunct in the management of hip and/or knee arthritis. (Cochrane, 2005) See also specific physical therapy modalities by name, as well as Exercise.</p> <p>ODG Physical Therapy Guidelines – Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT</p> <p>Dislocation of knee (meniscus tear): Medical treatment: 9 visits over 8 weeks Post-surgical: 24 visits over 16 weeks</p> <p>Sprains and strains of knee (cruciate, lateral or medial collateral ligament): 12 visits over 8 weeks</p> <p>ACL tear: Medical treatment: 12 visits over 8 weeks Post-surgical: 34 visits over 16 weeks</p> <p>Arthritis: Medical treatment: 9 visits over 8 weeks</p> <p>Arthroplasty: Post-surgical treatment: 18 visits over 12 weeks</p>
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ACOEM Guidelines. Chapter 12. Table 12-5. ACOEM Guidelines recommend an initial and follow-up visit to establish a HEP.

PER ODG –OFFICIAL DISABILITY GUIDELINES:

Physical therapy (PT)	<p>Recommended as an option. There is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain. See also Exercise. Direction from physical and occupational therapists can play a role in this, with the evidence supporting active therapy and not extensive use of passive modalities. The most effective strategy may be delivering individually designed exercise programs in a supervised format (for example, home exercises with regular therapist follow-up), encouraging adherence to achieve high dosage, and stretching and muscle-strengthening exercises seem to be the most effective types of exercises for treating chronic low back pain. (Hayden, 2005) Studies also suggest benefit from early use of aggressive physical therapy (“sports medicine model”), training in exercises for home use, and a functional restoration program, including intensive physical training, occupational therapy, and psychological support. (Zigenfus, 2000) (Linz, 2002) (Cherkin-NEJM, 1998) (Rainville, 2002) Successful outcomes depend on a functional restoration program, including intensive physical training, versus extensive use of passive modalities. (Mannion, 2001) (Jousset, 2004) (Rainville, 2004) One clinical trial found both effective, but chiropractic was slightly more favorable for acute back pain and physical therapy for chronic cases. (Skargren, 1998) See also specific physical therapy modalities, as well as Exercise and Work conditioning. [Physical therapy is the treatment of a disease or injury by the use of therapeutic exercise and other interventions that focus on improving posture, locomotion, strength, endurance, balance, coordination, joint mobility, flexibility, activities of daily living and alleviating pain. (BlueCross BlueShield, 2005)]</p> <p>Patient Selection Criteria: Multiple studies have shown that patients with a high level of fear-avoidance do much better in a supervised physical</p>
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	therapy exercise program, and patients with low fear-avoidance do better following a self-directed exercise program. When using the Fear-Avoidance Beliefs Questionnaire (FABQ), scores greater than 34 predicted success with PT supervised care. (Fritz, 2001) (Fritz, 2002) (George, 2003) (Klaber, 2004) (Hicks, 2005) Without proper patient selection, routine physical therapy may be no more effective than one session of assessment and advice from a physical therapist. (Frost, 2004) Patients exhibiting the centralization phenomenon during lumbar range of motion testing should be treated with the specific exercises (flexion or extension) that promote centralization of symptoms. [The centralization phenomenon refers to the abolition of distal pain emanating from the spine in response to therapeutic exercises.] When findings from the patient's history or physical examination are associated with clinical instability, they should be treated with a trunk strengthening and stabilization exercise program. (Fritz-Spine, 2003)
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The physician providing this review is a medical doctor. The reviewer is national board certified in Physical Medicine and Rehabilitation. The reviewer is a member of AMA, AAPM&R, PASSOR. The reviewer has been in active practice for 8 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, 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.