



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	
Requestors Name and Address: Valley Spine Medical Center 5327 South McColl Road Edinburg, Texas 78539	MDR Tracking No.: M5-06-2135-01
	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 [sic] section [sic] 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: "After review of this request, the dates of services from 08/15/05 through 08/18/05 were denied with ANSI "151" and "16" because the medical documentation did not support the need for treatment to exceed two hours in a day, and the dates of service 08/22/05 through 10/27/05 were denied as unnecessary medical with ANSI "50".

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)
08-15-05 to 10-27-05	97110, 97035, 97140, 99212-25, G0283 and 97124	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
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.

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:

01-05-07

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.



CompPartners Final Report ACCREDITED EXTERNAL REVIEW

CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: _____
Texas IRO # : _____
MDR #: M5-06-2135-01
Social Security #: _____
Treating Provider: Alex Flores, D.C.
Review: Chart
State: TX
Date Completed: 12/4/06

Review Data:

- Notification of IRO Assignment dated 10/6/06, 1 page.
- Receipt of Request dated 10/4/06, 1 page.
- Medical Dispute Resolution Request/Response dated 8/14/06, 2 pages.
- Table of Disputed Services dated 10/27/05, 10/26/05, 10/25/05, 10/21/05, 8/26/05, 8/24/05, 8/22/05, 8/18/05, 8/17/05, 8/16/05, 8/15/05, 4 pages.
- List of Treating Providers (date unspecified), 1 page.
- Explanation of Benefits dated 10/27/05, 10/26/05, 10/25/05, 10/21/05, 8/26/05, 8/24/05, 8/22/05, 8/18/05, 8/17/05, 8/16/05, 8/15/05, 5 pages.
- Letter dated 10/9/06, 2/8/06, 8/23/05, 4 pages.
- Case Review dated 12/13/05, 11/14/05, 11/7/05, 9/21/05, 10 pages.
- Independent Review Organization Summary dated 10/9/06, 2 pages.
- Employers First Report of Injury or Illness dated 7/8/05, 1 page.
- Initial Medical Narrative Report dated 7/7/05, 2 pages.
- Texas Workers' Compensation Work Status Report dated 9/29/06, 9/8/06, 6/22/06, 5/10/06, 3/23/06, 3/2/06, 2/27/06, 2/10/06, 1/9/06, 1/6/06, 12/23/05, 12/9/05, 12/1/05, 11/2/05, 10/28/05, 9/29/05, 9/8/05, 8/30/05, 8/29/05, 8/23/05, 7/29/05, 7/7/05, 21 pages.
- Specific and Subsequent Medical Report dated 8/1/05, 3 pages.
- Left Knee MRI dated 8/18/05, 1 page.
- Mental Health Evaluation dated 8/22/05, 10 pages.
- Return to Work Activity Prescription dated 8/23/05, 1 page.
- Office Visit dated 3/8/06, 3/1/06, 1/6/06, 12/23/05, 12/9/05, 10/28/05, 9/8/05, 8/30/05, 8 pages.
- History and Physical dated 8/30/05, 1 page
- Operative Report dated 8/31/05, 2 pages.
- Anesthesia Intra-Operative Record dated 8/31/05, 1 page.
- Initial Functional Capacity Evaluation dated 10/31/05, 7 pages.
- Interim Functional Capacity Evaluation dated 8/16/06, 7 pages.
- Health Insurance Claim Form dated 10/27/05, 10/26/05, 10/25/05, 10/21/05, 8/26/05, 8/24/05, 8/22/05, 8/18/05, 8/17/05, 8/16/05, 8/15/05, 16 pages.
- Reconsideration Request dated 11/30/05, 10/11/05, 5 pages.
- Daily Treatment Notes dated 9/2/06, 5/10/06, 4/13/06, 3 pages.
- Progress Notes dated 3/23/06, 3/2/06, 2/27/06, 2/10/06, 1/18/06, 1/12/06, 1/5/06, 1/3/06, 12/15/05, 12/1/05, 11/30/05, 10/27/05, 10/26/05, 10/25/05, 10/21/05, 10/20/05, 10/12/05, 10/11/05, 10/10/05, 10/6/05, 10/5/05, 10/4/05, 9/29/05, 9/28/05, 9/27/05, 9/22/05, 9/21/05, 9/19/05, 9/15/05, 9/13/05, 9/12/05, 8/29/05, 8/26/05, 8/24/05, 8/22/05, 8/18/05, 8/17/05, 8/16/05, 8/15/05, 8/12/05, 8/10/05, 8/8/05, 8/5/05, 8/3/05, 8/1/05, 7/29/05, 7/15/05, 7/7/05, 52 pages.

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for:

1. (97110) Therapeutic exercise.
2. (97035) Ultrasound.
3. (97140) Manual therapy.
4. (99212-25) Established office visit.
5. (G0283) Electrical stimulation.
6. (97124) Massage therapy.

Dates of service 8/15/05 through 10/27/05.

Determination: UPHELD - the previously denied request for:

1. (97110) Therapeutic exercise.
2. (97035) Ultrasound.
3. (97140) Manual therapy.
4. (99212-25) Established office visit.
5. (G0283) Electrical stimulation.
6. (97124) Massage therapy.

Dates of service 8/15/05 through 10/27/05.

Rationale:

Patient's age: 41 years

Gender: Female

Date of Injury: ____

Mechanism of Injury: Stepped on a hanger on the floor and fell to her knees.

Diagnoses: Tear medial meniscus knee, internal derangement of knee, sprain of knee and leg, joint effusion, post left knee arthroscopic surgery with partial meniscectomy.

This claimant has accepted body parts of left knee and left hand from a work related fall on _____. She had a past work related injury to the left hand from 2002, without specific details provided. She is 5'5" tall and weighs 166 pounds. She presented to a chiropractic provider Alex Flores, DC on 7/7/05, and treatment began at three times per week for 4 weeks. His examination on that date was normal reflexes, and 5/5 muscle strength except for +4/5 on the left wrist. There were no ranges of motion with specific degrees on this new examination to establish medical necessity or any specific degree of deficit. The daily SOAP notes from Dr. Flores did not indicate any further left wrist complaints as of the 7/15/05 date of service forward. The daily SOAP notes were of the check off the information that applies format. There was no pain scale rating indicated and the notes were otherwise inadequate to establish appropriate status of the patient with reference to objective information and what the actual treatment plan was specifically, to support the procedure charges from this provider.

The re-examination on 8/1/05 from Dr. Flores, revealed 5/5 strength in the lower extremities; there was normal sensation and reflexes were +2. There was no pain scale offered. He noted decreased left knee range of motion, but failed to identify the ranges. Positive orthopedic testing was Apley's and McMurray's for the left knee. An MRI of the left knee on 8/18/05, had findings of a small amount of joint fluid and a Grade II signal of myxoid change in the posterior horn of the medial meniscus that did not extend to the articular surface, and the lateral meniscus was unremarkable. She had a mental health evaluation on 8/22/05, with Dr. Flores and 8 individual sessions of counseling was advised. She was still having 8/10 pain in the left knee. Her BDI –II score was 20 for moderate depression and BAI score of 18 for anxiety. On 8/23/05, she was evaluated by an orthopedic surgeon, Guillermo R. Pechero, MD, and he indicated in his report that the patient had undergone physical therapy, but had not improved. Left knee flexion was full at 110 degrees and full in extension. She had only positive McMurray's test, with all other knee tests negative. He recommended conservative management; however, the patient wished to go ahead with surgery. Subsequently, she had undergone an arthroscopic left knee surgery by Dr. Pechero on 8/31/05, with partial lateral meniscectomy and excision of the large anterior medial plica. She followed up with him on 9/8/05, at which time she had 90 degrees flexion and 0 degrees extension and no complications. He recommends physical therapy 3 times a week for 4 weeks post operatively.

On re-examination on 10/28/05, she had left knee flexion to 145 degrees and extension at 0 degrees, with good anterior and posterior stability. She was recommended for work hardening.

The patient underwent a Functional Capacity Evaluation (FCE) on 10/31/05, which indicated she was capable of a sedentary demand level. There was no indication of her job demand level expected. Left knee range of motion was 119 degrees flexion and 0 degrees extension. She was advised to have 30 sessions of work hardening over work conditioning, due to some issues of psychological and psychosocial barriers to recovery, which was noted on the mental health evaluation. The summary of the

Health care provider Dr. Flores' request for reconsideration indicates an explanation of the uses of ultrasound, mechanical traction, myofascial release, joint mobilization, massage, and therapeutic exercises. Oddly, and sadly, he has not followed his own definitions of use and application, with any measurable or demonstrable evidence of clinical medical necessity within his documentation in his daily SOAP note form. For instance, he stated joint mobilization was used to re-establish functional integrity to a joint with a goal of restoration of normal arthrokinematics. There were no degrees mentioned in his daily notes or examinations to justify any particular deficit for this use. Additionally, it was not until the patient saw the orthopedic doctor for consultation for surgery on 8/25/05, that it was noted that she actually had full range of motion of the left knee. He stated that for massage, it is used to reduce muscle spasms, disperse adhesions and scar tissue, but also to increase circulation and restore normal muscle tone. There again, was no specific mention of this type of information on the notes. He stated that therapeutic exercises are done for rehabilitation, strengthen, endurance, flexibility and range of motion to one or more areas of the body, but failed to identify what exercises were performed specifically, and for what reason, as really there was no documentation of any deficits of muscle strength, loss of endurance or flexibility problems, as well as no loss of range of motion. He stated myofascial release was used to equalize muscle tension throughout the body. There was no documentation to support this procedure on these checked off notes.

The current request is to determine the medical necessity for disputed items with dates of service 8/15/05 to 10/27/05, which include the following charges, excluding date of service 8/18/05:

- 1) 97110-Therapeutic exercises on 8/15/05 times 5 units, 8/16/05 times 5 units, 8/17/05 times 5 units, 8/22/05 times 5 units, 8/24/05 times 5 units, 8/26/05 times 5 units, 10/21/05 times 6 units, 10/25/05 times 6 units, 10/26/05 times 6 units, 10/27/05 times 6 units. The daily SOAP notes used were of check off and circle the information type form. There was an inadequate description of what type of exercises were performed specifically, for a specific time period on this patient. It also failed to document what specific deficit was addressed and therefore, there was no proven medical necessity at this time to support the charges of 97110. Therefore, this decision is upheld for denial due to lack of well-documented clinical medical necessity and specifics regarding the actual therapeutic exercises performed with specific measurable or demonstrable information. The ACOEM Guidelines, Chapter 2 would be used to support this denial.
- 2) 97035-Ultrasound on 8/15/05, 8/16/05, 8/17/05, 8/22/05, 8/24/05, 8/26/05, 10/21/05, 10/25/05, 10/26/05, 10/27/05. The ACOEM Guidelines, Chapter 13 indicates that ultrasound has no scientific proven efficacy for acute knee complaints. This would support the adverse determination prior to surgery for dates of service of 8/15/05 to 8/26/05. After surgery the Official Disability Guidelines (ODG), 11th Edition was referenced for 836.0-post surgical knee and ultrasound is also not recommended. Therefore, this decision for denial is upheld as not medically necessary.
- 3) 97140-Manual Therapy on 8/15/05 times 2 units, 8/16/05 times 2 units, 8/22/05 times 2 units, 8/24/05 times 2 units, 8/26/05 times 2 units, 10/21/05 times 2 units, 10/26/05 times 2 units, 10/27/05 times 2 units. The medical necessity for this therapy of joint mobilization to the left knee and myofascial release to the "flex/ext" (no description or key) is not found. First, joint mobilization or chiropractic manipulation of the knee has not been found efficacious for knee complaints according to the ACOEM Guidelines, Chapter 13. Secondly, the word "flex/ext" failed to identify the body part receiving the myofascial release, as well as lack of documentation clarification defining "flex/ext" or specifically, as to why it would be performed in the first place. Thirdly, charging for manual therapy to the same areas of the body such as mobilization to the knee and myofascial release to the knee would not be appropriate on the same date and the submitted documentation must support clinical medical necessity, which it did not. Therefore, these charges were not found to be medically necessary and the decision is to uphold the denial. The ACOEM Guidelines, Chapter 2 would also be used to uphold this denial due to lack of adequate documentation.
- 4) 99212-25-Established office visit/ examination code on 8/24/05, 8/26/05, 10/21/05, 10/26/05, and 10/27/05. The documentation failed to provide this level of established office visit examination. There was minimal information contained on these dates noted and certainly not enough to establish a charge at this level. This level of coding would only be established with supporting documentation that shows evidence of a focused history, focused examination and straightforward decision making. There were no pain scales, no orthopedic testing, no neurological testing, no ranges of motion, no muscle strength mentioned and therefore, there was no medical necessity for this level of code 99212-25. The ACOEM Guidelines, Chapter 2 would support this adverse determination to uphold the denial.
- 5) G0283-Electrical stimulation on 8/24/05, 8/26/05, 10/21/05, 10/25/05, 10/26/05, 10/27/05. The medical necessity for these dates of service could not be established. A trial of physical therapy was provided this patient from 7/7/06, without specific well-documented benefits. The documentation reviewed, including the daily treatment SOAP notes, failed to establish clinical medical necessity with measurable or demonstrable information that could be used to establish clinical medical necessity existed for this modality. The definition of electrical stimulation states that it is used to increase range of motion, re-educate muscles, relax spasms and increase focal blood circulation. There was simply no documentation from Dr. Flores, DC that was specific with regard to evidence of actual deficits in degrees, muscle strength, graded spasms or that blood circulation was deficit for this patient pre-operatively or post-operatively. Additionally, the ODG, 11th Edition, Top 200 Conditions, page 200 does not indicate electrical stimulation as a pre-operative or post-operative modality with efficacious treatment outcomes for knee complaints. Therefore, this determination is to uphold the denial

due to lack of documentation supporting clinical medical necessity for the specific dates of service of 8/24/05, 8/26/05, 10/21/05, 10/25/05, 10/26/05, 10/27/05. The ACOEM guidelines chapter 2 would also support this denial due to lack of sufficient documentation to support clinical medical necessity.

- 6) 97124-Massage therapy on 10/20/05, 10/21/05, 10/25/05, 10/26/05, and 10/27/05. The provider indicated in his appeal for dispute resolution, that massage was used to reduce muscle spasms, disperse adhesions and scar tissue, but also to increase circulation and restore normal muscle tone. His check off and circle the information daily SOAP notes simply failed to establish what muscles or area of the left knee had any of these deficits at all. There was no evidence of adhesions of scar tissue, deficits of circulation or muscle tone and no graded muscle spasms with specific muscles documented. There is also no time which this massage therapy was applied, as well as no area or body part specifically indicated. Therefore, there is no clinical medical necessity to support this massage therapy post operatively. Additionally, the reference used for this post operative arthroscopic knee is found in the ODG, 11th edition, Top 200 conditions, page 200 regarding 836.0 does not indicate massage therapy as a recommended treatment post operatively and when this finding is considered with the lack of supporting documentation the determination of denial is upheld. The ACOEM Guidelines, Chapter 2 was used for additional reference due to lack of appropriate documentation.

Criteria/Guidelines utilized: TDI/DWC Rules and Regulations.
ODG, 11th Edition, Top 200 Conditions, page 200.

ACOEM Guidelines, 2nd Edition, Chapters 2 and 13.

Physician Reviewers Specialty: Chiropractor

Physician Reviewers Qualifications: Texas Licensed DC, BSRT, FIAMA Chiropractor and is also currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider 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 the decision before the referral to CompPartners, Inc.

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.

In accordance with Division Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the Division via facsimile or U.S.

Postal Service from the office of the IRO on this 4th day of December, 2006.

Signature of IRO Employee:

A handwritten signature in cursive script that reads "Lee-Anne Strang". The signature is written in black ink and is positioned above a horizontal line.

Printed Name of IRO Employee

Lee-Anne Strang