



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	
Requestor's Name and Address:	MDR Tracking No.: M5-06-3191-01
Connie Grass DC 1031 N Main Lumberton TX 77657	Claim No.:
	Injured Worker's Name:
	Date of Injury:
Respondent's Name and Address:	Employer's Name:
American Casualty Company Box 47	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DWC-60 package. Position Summary: Medically necessary.

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Response to DWC-60 package. Position Summary: The remaining dates of service should be sent to an independent review organization for review of medical necessity. Although it appears that some of the dates were not formally denied as a 'v', the provider was on notice that all treatments were considered to be medically unnecessary.

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
3-1-04 to 8-26-04 (except 5-21-04 and 5-24-04)	98942-25 see note #1 below	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$0.00
	98943 see note #2 below (x 15 days)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IC determines MAR
	97112 MAR = \$34.30 x 10 units = \$343.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$343.00
	G0283 MAR = \$13.41 x 21 units = \$281.61	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$281.61
	97140-59 \$31.73 x 27 units = \$856.71	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$856.71
	97010 see note #3 below	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$0.00
	99213 see note #4 below	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$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 **prevailed** on the disputed medical necessity issues.

Carrier raised the issue of improper reconsideration request for DOS 5-21-04 and 5-24-04. Per Rule 133.304(m), the sender of a medical bill may request medical dispute resolution if the sender has requested reconsideration per this section. MDR was received 2-15-05 and reconsideration was requested 3-24-05. Therefore, these two DOS are ineligible for review.

Note #1: Although the IRO determined that code 98942 was medically necessary, no reimbursement is recommended for the following reason: The requestor billed 98942 with modifier -25; however, this modifier is invalid with this code. CMT

codes include a premanipulation patient assessment. If an evaluation and management (E/M) service beyond the usual pre- and post-service work normally associated with the procedure is reported, it would be reported with the appropriate E/M code appended with modifier -25 in addition to the manipulation code.

Note #2: Subsection 134.202 (c) (6) of the 2002 MFG states, “for products and services for which CMS or the Division does not establish a relative value unit and/or a payment amount, the carrier shall assign a relative value, which may be based on nationally recognized published relative value studies, published (DWC) medical dispute decisions, and values assigned for services involving similar work and resource commitments.” Therefore, the MAR for 98943 (x 15 days) is the amount assigned by the carrier that is consistent with the requirements of this rule.

Note #3: Code 97010 is a bundled service code and considered to be an integral part of a therapeutic procedure(s). Reimbursement for code 97010 is included in the reimbursement for the comprehensive therapeutic code. Therefore, additional reimbursement cannot be recommended.

Note #4: The requestor billed code 99213 initially; however, there was no request for reconsideration of this code. The request for reconsideration was changed to 98942-25. Therefore, even though the IRO deemed the office visits medically necessary, no reimbursement can be recommended. The request for reconsideration was not according to Rule 133.304.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308, 134.202, 133.304

PART VII: DIVISION DECISION 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 additional reimbursement in the amount of \$1,481.32 plus MAR for 98943 (x 15 days). In addition, the Division finds that the requestor was the prevailing party and is entitled to a refund of the IRO fee in the amount of \$460.00. The Division hereby **ORDERS** the insurance carrier 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.

Ordered by:

_____, Medical Dispute Officer

1-26-06

Authorized Signature

Typed Name

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.



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M5-05-3191-01
NAME OF REQUESTOR: Connie Grass, D.C.
NAME OF PROVIDER: Connie Grass, D.C.
REVIEWED BY: Board Certified in Chiropractics
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 09/21/05 (REVISED 01/23/06)

Dear Dr. Grass:

Professional Associates has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5288). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Professional Associates for an independent review. The reviewing physician selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal. determination, and any documentation and written information submitted in support of the appeal.

This case was reviewed by a physician reviewer who is Board Certified in the area of Chiropractics and is currently listed on the TWCC Approved Doctor List.

I am the Secretary and General Counsel of Professional Associates 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 any of the treating physicians or providers or any of the physicians or providers who reviewed this case for determination prior to referral to the Independent Review Organization.

REVIEWER REPORT

Information Provided for Review:

An Employer's First Report of Injury or Illness form for a date of injury or _____

An MRI of the cervical spine interpreted by Jared Thomas, M.D. on 09/10/02

Chiropractic therapy notes from Connie J. Grass, D.C. dated 09/04/02, 09/06/02, 09/09/02, 09/11/02, 09/12/02, 09/13/02, 09/23/02, 09/25/02, 09/27/02, 09/30/02, 10/02/02, 12/28/02, 12/30/02, 12/31/02, 01/06/03, 01/07/03, 01/08/03, 01/09/03, 01/10/03, 01/13/03, 01/15/03, 01/17/03, 01/20/03, 01/22/03, 01/24/03, 01/27/03, 02/03/03, 02/05/03, 02/07/03, 02/10/03, 02/12/03, 02/18/03, 02/19/03, 02/20/03, 02/21/03, 02/24/03, 03/03/03, 03/05/03, 03/06/03, 03/11/03, 03/13/03, 03/14/03, 03/17/03, 03/19/03, 03/24/03, 03/26/03, 04/09/03, 04/10/03, 04/11/03, 04/14/03, 04/16/03, 04/25/03, 04/28/03, 04/30/03, 05/02/03, 05/05/03, 05/07/03, 05/09/03, 05/12/03, 05/14/03, 05/16/03, 05/19/03, 05/21/03, 05/23/03, 05/27/03, 05/29/03, 06/02/03, 06/06/03, 06/09/03, 06/11/03, 06/18/03, 06/25/03, 06/27/03, 06/30/03, 07/09/03, 07/16/03, 08/08/03, 08/11/03, 08/14/03, 08/18/03, 08/20/03, 08/25/03, 08/26/03, 08/28/03, 09/02/03, 09/08/03, 09/11/03, 09/15/03, 09/17/03, 09/25/03, 09/29/03, 10/01/03, 10/07/03, 10/09/03, 10/15/03, 12/11/03, 12/15/03, 12/23/03, 12/29/03, 12/30/03, 12/31/03, 01/05/04, 01/07/04, 01/08/04, 01/12/04, 01/14/04, 01/15/04, 01/19/04, 01/21/04, 01/22/04, 01/26/04,

02/03/04, 03/01/04, 04/20/04, 04/21/04, 04/23/04, 04/26/04, 04/28/04, 04/30/04, 05/03/04, 05/06/04, 05/07/04, 05/10/04, 05/12/04, 05/14/04, 05/17/04, 05/19/04, 05/21/04, 05/24/04, 05/26/04, 05/28/04, 06/01/04, 06/02/04, 06/04/04, 06/07/04, 06/09/04, 07/01/04, 08/16/04, 08/19/04, 08/23/04, 08/26/04, 12/07/04, 12/13/04, 12/15/04, 12/29/04, 01/07/05, 01/11/05, 01/13/05, 01/17/05, 01/19/05, 01/20/05, 01/21/05, 01/26/05, 01/31/05, 02/07/05, 02/11/05, 02/15/05, 02/17/05, and 03/16/05

Neurology consultations with Erwin Lo, M.D. on 10/07/02, 01/21/03, 02/28/03, 04/24/03, 09/18/03, 10/31/03, 12/05/03, and 01/16/04

Operative notes from Dr. Lo on 10/21/02 and 10/20/03

An intraoperative cervical spine x-ray interpreted by Karen Simmons dated 10/21/02

A pathology report interpreted by John K. Granger, M.D. dated 10/21/02

An EMG/NCV and DSEP study interpreted by Richard P. Newman, M.D. on 01/06/03

A patient pain chart from the claimant on 01/06/03

An x-ray of the cervical spine interpreted by Douglass Conner, M.D. on 01/21/03

An x-ray and MRI of the thoracic spine interpreted by Dr. Thomas on 01/28/03

An MRI of the lumbar spine interpreted by Gregory C. Diaz, M.D. dated 04/09/03

Lumbar epidural steroid injections (ESI) performed by Michael D. McCord, M.D. on 05/30/03, 06/13/03, and 08/01/03

Laboratory studies interpreted by an unknown provider (no name or signature was available) dated 10/13/03

A pathology report interpreted by Michael D. Smith, D.O. dated 10/20/03

Individual therapy with Sherri Shoefstall, M.S., L.P.C.-I at Synthesis, Inc. dated 11/20/03, 12/11/03, 01/08/04, 01/22/04, 01/30/04, 02/03/04, 06/15/04, 06/21/04, and 06/22/04

X-rays of the lumbar spine interpreted by Troy Jones, M.D. on 01/16/04

A Required Medical Evaluation (RME) with Mark S. Sanders, M.D. on 01/21/04

A prescription for physical therapy from Dr. Lo on 01/23/04

A discharge summary from Ms. Shoefstall dated 02/03/04

An MRI of the cervical spine interpreted by Mehmet Gurgun, M.D. dated 02/09/04

A physical therapy evaluation with Jerri Frazier, P.T. on 02/09/04

Physical therapy notes with Ms. Frazier dated 02/09/04, 02/10/04, 02/13/04, 02/16/04, 02/18/04, 02/23/04, 02/25/04, 02/27/04, 03/01/04, 03/03/04, and 03/05/04

Pain management evaluations with Boris L. Payan, M.D. on 04/28/04, 05/19/04, 12/22/04, and 01/19/05

Chronic pain management program on 06/14/04, 06/15/04, 06/21/04, 06/22/04, 06/28/04, 06/29/04, 07/05/04, 07/06/04, 07/07/04, 07/08/04, 07/12/04, 07/13/04, 07/14/04, 07/15/04, 07/19/04, 07/20/04, 07/21/04, 07/22/04, 07/26/04, 07/27/04, 07/28/04, 07/29/04, 08/03/04, and 08/04/04

Team conference/weekly reports from Elizabeth Cobb, M.A., L.P.C.-I. and Dr. Grass dated 06/21/04, 07/12/04, 07/19/04, and 07/26/04

Group therapy notes with Billie Albritton, M.S., L.P.C. dated 06/30/04, 07/05/04, 07/06/04, 07/08/04, 07/12/04, 07/13/04, 07/14/04, 07/15/04, 07/19/04, 07/20/04, 07/21/04, 07/22/04, 07/27/04, 07/28/04, 07/29/04, 08/02/04, and 08/03/04

Pain management evaluations with Omar D. Vidal, M.D. dated 07/07/04, 07/28/04, 09/15/04, and 02/16/05

A Designated Doctor Evaluation with Merrimon W. Baker, M.D. dated 07/07/04

Progress summaries from Ms. Albritton dated 07/23/04 and 07/28/04

A letter of medical necessity for Gabitril, Neurontin, Ultracet, Ambien, Skelaxin, and Vioxx from Dr. Lo dated 07/27/04

A Functional Capacity Evaluation (FCE) with William Denman, D.C. dated 07/30/04

A discharge summary from Ms. Albritton dated 08/03/04

An MRI of the right shoulder interpreted by Edward Knudson, M.D. dated 08/09/04

An impairment rating evaluation by J. Thomas Dilfer, M.D. dated 08/18/04

A cervical ESI performed by Dr. Payan on 09/01/04

An RME by Robert E. Whitsell, M.D. dated 02/22/05

A letter to the Medical Dispute Resolution Office at the Texas Workers' Compensation Commission (TWCC) from Shelley D. Gatlin from Stone Loughlin & Swanson, L.L.P. dated 05/04/05

An evaluation by Steve Sacks, M.D. date 05/09/05

A Texas Compass Notice of Refused or Disputed Claim dated 07/19/05

Clinical History Summarized:

The claimant sprained her right shoulder and neck on _____. An MRI of the cervical spine interpreted by Jared Thomas, M.D. on 09/10/02 showed moderately severe spondylotic changes from C3-C4 through C6-C7, but was greatest at C5-C6 and C6-C7. Several sessions of chiropractic treatments were performed from 09/04/02 through 03/16/05 with Dr. Grass. Edwin W. Lo, M.D. performed a cervical arthrodesis and anterior discectomy with instrumentation from C4 through C7 on 10/21/02. An EMG/NCV and DSEP study of the upper and lower extremities interpreted by Richard P. Newman, M.D. showed left C6, C7, S1, and L4 radiculopathy and right ulnar

sensory neuropathy. Lumbar epidural steroid injections (ESIs) were performed by Michael D. McCord, M.D. on 05/30/03, 06/13/03, and 08/01/03. Dr. Lo performed L3-L4 and L4-L5 decompressive laminectomies, a posterior lumbar interbody fusion, posterolateral fusion, and pedicle screw instrumentation on 10/20/03. Individual therapy was performed with Sherri Shoefstall, L.P.C.-I. from 11/20/03 through 06/22/04. A Required Medical Evaluation (RME) by Mark S. Sanders, M.D. on 01/21/04 noted he felt the claimant's cervical decompression and spinal stenosis was not compensable and had completely resolved at that time. An MRI of the cervical spine interpreted by Mehmet Gurgun on 02/09/04 showed mild degenerative changes throughout the spine. Chronic pain management was performed from 06/14/04 to 08/04/04. Merrimon Baker, M.D. felt the claimant was at Maximum Medical Improvement (MMI) on 07/07/04 with a 28% whole person impairment rating. An MRI of the right shoulder interpreted by Edward Knudson, M.D. on 08/09/04 showed AC joint arthropathy, rotator cuff tendonitis, and a small joint effusion. An impairment rating evaluation by J. Thomas Dilger, M.D. on 08/18/04 felt the compensable injury included the cervical spine, lumbar spine, and right shoulder and no impairment rating was given. An RME by Robert E. Whitsell, M.D. on 02/22/05 showed he felt the claimant's injuries were related to the compensable injury and was basically at a plateau with care at that time. Shelly D. Gatlin from Stone Loughlin & Swanson, L.L.P. wrote a letter to the Medical Dispute Resolution Officer on 05/04/05 regarding an MDR request for additional documentation by Dr. Grass. A notice of refused or disputed claim on 07/19/05 felt the effects of the compensable right shoulder and neck injuries had resolved and that any current treatment was not related. They also disputed all treatment to both knees and mental trauma/psychological problems/depression/anxiety as being compensable.

Disputed Services:

Office visits, chiropractic manipulation, electrical stimulation, neuromuscular reeducation, hot/cold packs, and manual therapy technique from 03/01/04 through 08/26/04

Decision:

I agree with the requestor. The office visits, chiropractic manipulation, electrical stimulation, neuromuscular reeducation, hot/cold packs, and manual therapy technique from 03/01/04 through 08/26/04 were reasonable and medically necessary, in my opinion.

Rationale/Basis for Decision:

The question was whether the treatment provided to the claimant satisfied the qualifications of Section 408.021 of the Texas Labor Code, which only substantiates the need for care, which (1) cures or relieves the effects naturally resulting from the compensable injury, (2) promotes recovery, or (3) enhances the ability of the employee to return to or retain employment. Based upon review of the documentation provided by Dr. Grass, as well as other providers involved in the treatment of the claimant, it appeared the treatment provided by Dr. Grass did provide relief of the claimant's symptoms as related to the claim. Treatment provided also appeared to be performed on an episodic, as needed basis. The claimant does not appear to be following a regular treatment schedule, which would also substantiate the fact that the claimant was treating on an as needed basis for pain management. Therefore, the treatment provided from 03/01/04 through 08/26/04, including chiropractic manipulations, electrical muscle stimulation, neuromuscular reeducation, hot/cold packs, and manual therapy techniques would be considered reasonable, medically necessary, and causally related to the original injury.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician consulting for Professional Associates is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

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. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
P. O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization's decision was sent to DWC via facsimile or U.S. Postal Service on 01/23/06 from the office of Professional Associates.

Sincerely,

Amanda Grimes
Secretary/General Counsel