



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	
Requestors Name and Address: San Antonio Accident/Injury Care 401 W. Commerce #100 San Antonio, TX 78207	MDR Tracking No.: M5-07-0048-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Box 01	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position summary states, "I reviewed the MDR response submitted to MDR and realized that we in fact did not submit medical documentation for DOS ... When copying originals, somehow the two soap notes we had in file did not print. Therefore, we are submitting the missing documentation for your review." From Table of Disputed Services, "Dr, Gutzman recommended cont'd treatment after surgery was recommended."

Principle Documentation:

1. DWC-60/Table of Disputed Service
2. CMS-1500's
3. EOB's

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position summary (Table of Disputed Services) states, "Not medically necessary."

Principle Documentation:

1. DWC-60/Table of Disputed Service
2. EOB's

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

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
3-10-03 - 3-12-03 (3-7-03 was withdrawn)	97113 (\$52.00 x 16 units)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$832.00
3-18-03 - 3-7-03	99213-MP (\$48.00 x 5 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$240.00
3-18-03 - 3-27-03	97124 (\$28.00 x 3 units)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$84.00
3-18-03 - 3-27-03	97112 (\$35.00 x 5 units)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$175.00
3-18-03 - 3-27-03	97116 (\$38.00 x 5 units)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$190.00
3-18-03 - 3-24-03	97265 (\$43.00 x 3 units)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$129.00
3-20-03	97032	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$22.00
3-21-03 - 3-27-03	97530 (\$35.00 x 10 units)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$350.00
	Total		\$2,022.00

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 prevail on the disputed medical necessity issues. Per Rule 134.201 the amount due Requestor for the items denied for medical necessity is \$2,022.00.

In a letter dated 9-15-03 the Requestor withdrew dates of service 2-12-03 – 3-7-03. These services will not be a part of this review.

Based on review of the disputed issues within the request, the Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by Medical Dispute Resolution.

On 11-10-06 the Medical Review Division submitted a Notice to Requestor to submit additional documentation necessary to support the charges and to challenge the reasons the Respondent had denied reimbursement within 14 days of the Requestor's receipt of the Notice.

CPT codes 97014, 97035 and 97124 on 2-5-03 were denied by the carrier as "N – Payment is reduced/denied because providers doc does not support the therapies billed, no doc of specific therapies or treatment spent on each." and "O-change to original eval not doc on the doc provided requested ad'l doc to support changes and hand written doc by dc on 6-24-03." The Requestor did not provide documentation for the correct date of service. No reimbursement is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code Sec. §413.011(a-d) and 413.031
28 Texas Administrative Code Sec. 133.308
28 Texas Administrative Code Sec. § 134.1
28 Texas Administrative Code Sec. §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 Respondent must refund the amount of the IRO fee (\$460.00) to the Requestor within 30 days of receipt of this order. The Division has determined that the Requestor is entitled to reimbursement in the amount of \$2,022.00. 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 and Order by:

Medical Dispute Officer

1-31-07

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.

ZRC MEDICAL RESOLUTIONS

December 8, 2006

Re: MDR #: M5 07 0048 01 Injured Employee: ___
DWC #: ___ DOI: ___
IRO Cert. #: 5340 SS#: ___

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation

Attention: ___

Medical Dispute Resolution

Fax: (512) 804-4868

RESPONDENT: Parker & Associates

TREATING DOCTOR: Jeffrey Mattson, DC

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to ZRC Medical Resolutions for an independent review. ZRC has performed an independent review of the medical records to determine medical necessity. In performing this review, ZRC 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 president of ZRC Medical Resolutions, 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 who is currently listed on the DWC Approved Doctor List.

This decision by ZRC Medical Resolutions, 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
President

REVIEWER'S REPORT M5 07 048 01

MEDICAL INFORMATION REVIEWED:

1. Approximately 11 pages from the Texas Department of Insurance Division of Workers' Compensation including but not limited to a DWC-60 form including the MDR Table. There is also a response from Parker Associates dated 11/12/03.
2. Approximately 82 pages marked "Requestor's Records." Many of these are from San Antonio Accident and Injury and Dennis Guzman, M.D.
3. Approximately 43 pages marked as "Carrier's Records." These include records from HealthSouth, San Antonio Accident and Injury, and Methodist Specialty and Transplant Hospital. However, the records are not limited to those facilities.

BRIEF CLINICAL HISTORY:

This case involves ___ who was injured on ___. He stated he was pulling boards out of a hole with the help of ropes. He reports that he was pulling the ropes, his feet were not stable, and they were sliding because the gravel was covered in mud. He also stated he heard a pop in his lower back and felt immediate pain in the lower back. He also stated that his supervisor did not allow him to stop working, and he continued working in pain until 11:30 AM.

DISPUTED SERVICES:

97014-Electric stimulation unattended, 97035-ultrasound, 97124-massage therapy, 99213-OV, 97113-Aquatic therapy, 97112-Neuromuscular reeducation, 97116-Gait training, 97530-therapeutic activities, 97265-joint mobilization, 97032-electrical stimulation from March 7, 2003 through March 27, 2003.

DECISION:

I DISAGREE WITH THE DETERMINATION MADE BY INSURANCE CARRIER IN THIS CASE.

RATIONALE OR BASIS FOR DECISION:

It is the opinion of this reviewer that all services were medically necessary. This is supported by peer review literature, which notes that a delay in treatment prior to surgery may result in de-conditioning. It is not unusual for a time period to lapse between a surgical request and for surgical intervention to actually take place. The time period is critical to make sure that the patient is undergoing some kind of conditioning so that the de-conditioning does not take place. It is well documented that a patient who has been de-conditioned has surgical results that are less favorable than those that are in better shape and have undergone presurgical exercises. This is especially true in this patient's case, as he is overweight and has a borderline high blood pressure. Physical examination results also report that he is approximately 67 inches tall with a weight of 340 pounds and a resting blood pressure of 130/94 mmHg.