



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	
Requestor's Name and Address: Dr. Suhail Al-Sahli 1210A NASA Road 1 Houston, Texas 77058	MDR Tracking No.: M5-07-0060-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Texas Mutual Insurance Company Rep Box # 54	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary: "We have appealed to collect these charges from the insurance carrier, but the carrier has failed to provide us with proper explanation for not paying for these services."

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: The position statement submitted by Texas Mutual does not address the disputed services.

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)
09-30-05 to 04-20-06	99070	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
12-12-05, 01-19-06, 02-23-06, 03-13-06, 04-27-06 and 05-05-06	99213 (\$65.21 billed X 6 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$391.26
12-16-05 to 05-08-06	99213 (with the exception of the DOS listed above)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
12-12-05 01-19-06, 02-23-06, 03-13-06, 04-27-06 and 05-05-06	98940-25 (\$32.84 billed X 6 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$197.04
12-16-05 to 05-08-06	98940-25 (with the exception of the DOS listed above)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
TOTAL DUE			\$588.30

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 **majority** of the disputed medical necessity issues.

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

On 10-19-06, Medical Dispute Resolution 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 code 99213 billed for date of service 12-27-05 was denied by the Respondent with denial codes "45" (charges exceed your contracted/legislated fee arrangement) and "793" (reduction due to PPO contract). The Requestor submitted information to Medical Dispute Resolution on 11-29-06 verifying that no contract existed between the Requestor and Respondent. Reimbursement is recommended per Rule 134.202(d)(2) in the amount of **\$65.21**.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308, 134.1 and 134.202(d)(2)
Texas Labor Code, Sec. 413.031 and 413.011 (a-d)

PART VII: DIVISION FINDINGS 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 reimbursement in the amount of \$653.51. In addition, the Division finds that the Requestor was not the prevailing party and is not entitled to a refund of the IRO fee. 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.

Order by:

12-05-06

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: M5-07-0060-01
NAME OF REQUESTOR: Suhail Al-Sahli, D.C.
NAME OF PROVIDER: Suhail Al-Sahli, D.C.
REVIEWED BY: Licensed by the Texas State Board of Chiropractic Examiners
IRO CERTIFICATION NO.: IRO 5288
DATE OF REPORT: 11/21/06 (AMENDED 11/28/06)

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.

This case was reviewed by a physician reviewer who is Licensed in the area of Chiropractics and is currently listed on the DWC 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 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.

REVIEWER REPORT

Information Provided for Review:

MRIs of the lumbar and cervical spine interpreted by Jim Cain, M.D. dated 03/14/05
A prescription from Rezik Saqer, M.D. dated 04/08/05
Procedure notes from Dr. Saqer dated 05/31/05, 10/06/05, 11/30/05, and 04/18/06
Evaluations with Dr. Saqer dated 06/03/05, 06/17/05, 07/01/05, 07/15/05, 08/12/05, and 09/02/05
Chiropractic therapy with an unknown provider (no name or signature was available) dated 09/30/05, 10/21/05, 10/24/05, 10/28/05, 10/31/05, 11/04/05, 11/07/05, 11/11/05, 11/14/05, 11/18/05, 11/21/05, 11/22/05, 12/01/05, 12/09/05, 12/12/05, 12/16/05, 12/19/05, 12/22/05, 12/27/05, 12/30/05, 01/05/06, 01/06/06, 01/11/06, 01/13/06, 01/16/06, 01/19/06, 01/25/06, 01/27/06, 02/01/06, 02/02/06, 02/06/06, 02/09/06, 02/13/06, 02/16/06, 02/17/06, 02/20/06, 02/23/06, 02/27/06, 03/01/06, 03/03/06, 03/09/06, 03/10/06, 03/13/06, 03/17/06, 03/20/06, 03/27/06, 03/30/06, 03/31/06, 04/05/06, 04/10/06, 04/17/06, 04/20/06, 04/24/06, 04/27/06, 05/03/06, 05/05/06, and 05/08/06
A Designated Doctor Evaluation with Laurie A. Otto, M.D. dated 12/28/05
An evaluation with Ian J. Reynolds, M.D. dated 01/16/06
An MRI of the left shoulder interpreted by Christopher J. Wright, M.D. dated 01/19/06
An EMG/NCV study interpreted by Meyer L. Proler, M.D. dated 02/02/06
Evaluations with Kendil C. Bienfang, L.S.A., O.P.A.-C. dated 02/27/06 and 03/27/06
An evaluation with Dr. Suhail Al-Sahli (no credentials were listed) dated 03/03/06
An operative report from Dr. Reynolds dated 05/11/06
A letter and treatment summary from Dr. Al-Sahli dated 10/25/06

Clinical History Summarized:

MRIs of the lumbar and cervical spine interpreted by Dr. Cain on 03/14/05 revealed disc protrusions from L1 to S1 and from C3 to C7. Dr. Saqer performed a lumbar epidural steroid injection (ESI) on 05/31/05. On 06/17/05 and 07/15/05, Dr. Saqer recommended a left SI joint injection, physical therapy, Vicodin, Soma, Xanax, and Celebrex. On 08/12/05, Dr. Saqer recommended a right SI joint injection. On 09/02/05, Dr. Saqer continued to recommend facet injections, physical therapy, Lortab, Soma, Xanax, and Celebrex. Chiropractic therapy was performed with the unknown provider from 09/30/05 through 05/08/06 for a total of 57 sessions. On 10/06/05, Dr. Saqer performed right cervical facet joint injections. On 11/30/05, Dr. Saqer performed RFL of the nerve branches at L5, S1, S2, and S3. On 12/28/05, Dr. Otto felt the patient was not at Maximum Medical Improvement (MMI). Dr. Reynolds recommended neck surgery, an MRI of the left shoulder, and an EMG/NCV study of the left upper extremity on 01/16/06. An MRI of the left shoulder interpreted by Dr. Wright dated 01/19/06 revealed impingement, tendinosis, and degenerative changes. An EMG/NCV study interpreted by Dr. Proler on 02/02/06 revealed left C5 and C6 mild chronic radiculopathy. On 02/27/06, Mr. Bienfang performed a left shoulder injection. On 03/03/06, Dr. Al-Sahli recommended supervised active care and rehabilitation. On 03/27/06, Mr. Bienfang indicated that Dr. Reynolds had recommended shoulder surgery. On 04/18/06, Dr. Saqer performed a left cervical medial branch block. Left shoulder surgery was performed by Dr. Reynolds on 05/11/06.

Disputed Services:

Supplies and materials (99070), office visits (99213), and chiropractic manual treatment, spinal (98940) from 09/30/05 through 05/08/06

Decision:

I partially agree with the requestor. Office visits (99213) and chiropractic manual treatment, spinal (98940) on 12/12/05, 01/19/06, 02/23/06, 03/13/06, 04/27/06, and 05/05/06 were reasonable and necessary. Office visits and chiropractic manual treatment, spinal on 12/16/05, 12/22/05, 01/05/06, 01/11/06, 01/25/06, 02/13/06, 03/03/06, 03/09/06, 03/10/06, 03/17/06, 03/20/06, 05/03/06, and 05/08/06 were not reasonable or necessary. Office visits alone on 01/13/06, 01/27/06, 02/27/06, and 04/24/06 were also not reasonable or necessary. The chiropractic manual treatment, spinal on 01/06/06 was also not reasonable or necessary. Supplies and materials (99070) from 09/30/05 through 05/08/06 were not reasonable or necessary.

Rationale/Basis for Decision:

At the time of the initial treatment provided concerning this review, on 09/30/05, the patient was already approximately eight months status post injury. Based upon the ODG Guidelines and ACOEM Guidelines, the patient had already exceeded treatment recommendations based upon those guidelines. Although evaluation and management of the patient's condition would be necessary by the treating physician, it would be a maximum frequency of one visit per month. Therefore, the recommendation would include chiropractic spinal manipulation and office visits at a maximum of one time per month from 09/30/05 through 05/08/06 that would be reasonable and necessary as related to the original injury. With regard to the supplies and materials, I could not find any documentation that actually describes the nature of the materials. Therefore, further documentation should be supplied describing the materials and then consideration could be made for such. At this time, my finding was for no to supplies and materials, as they were not sufficiently described as to the nature of those materials.

The rationale for the opinions stated in this report are based on clinical experience and standards of care in the area as well as broadly accepted literature which includes numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

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 Division 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, 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.

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 11/28/06 from the office of Professional Associates.

Sincerely, _____
Lisa Christian
Secretary/General Counsel