



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:

PRIDE
5701 Maple Ave. Suite 100
Dallas, Texas 75235

MDR Tracking No.: M5-07-0103-01

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:

ZURICH AMERICAN INSURANCE CO, Box 19

Date of Injury:

Employer's Name:

Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position summary (Table of Disputed Services) states, "Evaluations used for obtaining pre-authorization for reasonable and necessary to the compensable injury the chronic pain management program."

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 states, "...Carrier challenges whether the charges are consistent with applicable fee guidelines. Carrier asserts that it has paid according to applicable fee guidelines. All reductions of the disputed charges were appropriately made."

Principle Documentation:

1. DWC-60/Table of Disputed Services

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)
1-04-06	99244	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$223.14<MAR
1-06-06	99080-73	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$15.00
1-06-06	99214	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$106.91
1-04-06	97001-GP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$97.60
1-06-06	97750-FC (16 units at \$38.61)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$617.76
1-06-06	90801	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$195.71
	Total Due		\$1,256.12

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 134.202(c)(1) and (d)(2) the amount due the Requestor for the items denied for medical necessity is \$1,256.12.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

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

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 carrier must refund the amount of the IRO fee (\$650.00) to the Requestor within 30 days of receipt of this order. The Division has determined that the Requestor is entitled to additional reimbursement in the amount of 1,256.12. 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:

Authorized Signature

Typed Name

11-29-06

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.

November 17, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M5-07-0103-01
CLIENT TRACKING NUMBER:

Records Received:
FROM THE STATE OF TEXAS:

Notification of IRO assignment 10/23/06 - 1 page
Texas Department of Insurance Division of Workers Compensation form 10/23/06 - 1 page
Medical dispute resolution request/response form - 1 page
Provider form - 1 page
Medical dispute resolution request/response form - 1 page
Provider form - 1 page
Table of disputed services -1 page
Explanation of benefits 1/4/06 - 2 pages
Explanation of benefits 1/6/06 - 1 page

FROM THE REQUESTOR:

Letter from Susan Mayer/Pride 12/13/05 - 2 pages
Exhibit I coversheet - 1 page
HCFA billing form 2/2/06 - 1 page
HCFA billing form 2/7/06 - 2/9/06 - 1 page
HCFA billing form 2/13/06 - 2/17/06 - 1 page
HCFA billing form 2/21/06 - 2/22/06 - 1 page
HCFA billing form 2/24/06 - 1 page
HCFA billing form 2/27/06 - 3/2/06 - 1 page
HCFA billing form 3/6/06 - 3/10/06 - 1 page
HCFA billing form 3/13/06 - 3/17/06 - 1 page
HCFA billing form 3/22/06 - 3/24/06 - 1 page
HCFA billing form 3/20/06 - 3/21/06 - 1 page
HCFA billing form 3/27/06 - 3/31/06 - 1 page
HCFA billing form 4/3/06 - 4/5/06 - 1 page
Explanation of benefits 2/2/06 - 1 page
Explanation of benefits 2/7/06 - 2/9/06 - 2 pages
Explanation of benefits 2/7/06 - 2/9/06 - 1 page
Explanation of benefits 2/13/06 - 2/17/06 - 2 pages
Explanation of benefits 2/21/06 - 2/24/06 - 4 pages
Explanation of benefits 2/27/06 - 3/2/06 - 2 pages
Explanation of benefits 3/6/06 - 3/10/06 - 2 pages
Explanation of benefits 3/13/06 - 3/17/06 - 2 pages

Explanation of benefits 3/20/06 – 3/24/06 – 2 pages
Explanation of benefits 3/20/06 – 3/24/06 – 2 pages
Explanation of benefits 3/27/06 – 3/31/06 – 2 pages
Explanation of benefits 3/27/06 – 3/31/06 – 2 pages
Explanation of benefits 4/3/06 – 4/5/06 – 2 pages
Table of disputed services coversheet – 1 page
Table of disputed services – 1 page
Preauthorization information coversheet – 1 page
Authorization for reconsideration notice 1/31/06 – 1 page
Extension notice 2/24/06 – 1 page
Extension notice 3/22/06 – 1 page
Patient information sheet 9/6/06 – 1 page
Rebuttal letter coversheet – 1 page
Reconsideration letter from Dr. Mayer, MD 1/26/06 – 3 pages
Pride initial evaluations medical necessity coversheet – 1 page
Pride initial evaluation medical necessity 1/24/06 – 1 page
Peer review coversheet – 1 page
Peer review report 4/13/04 – 5 pages
Peer review coversheet – 1 page
Peer review report 8/22/05 – 11 pages
CMS-1500 Explanation of Benefits, Appeal letters, and medical documentation coversheet – 1 page
HCFA billing form 1/4/06 – 1 page
HCFA billing form 1/4/06 – 1/6/06 – 2 pages
HCFA billing form 1/6/06 – 2 pages
HCFA billing form 3/20/06 – 1 page
HCFA billing form 4/12/06 – 2 pages
HCFA billing form 7/20/06 – 2 pages
Explanation of benefits 1/4/06 – 1/6/06 – 7 pages
Explanation of benefits 1/6/06 – 1 page
Explanation of benefits 3/20/06 – 2 pages
Explanation of benefits 4/12/06 – 2 pages
Explanation of benefits 4/12/06 – 5/16/06 – 1 page
Explanation of benefits 7/20/06 – 2 pages
Quantitative functional evaluation 4/12/06 – 2 pages
Quantitative functional evaluation 7/20/06 – 2 pages
Letter from Dr. Mayer, MD to Dr. Trinh, DO 1/4/06 – 2 pages
Work status report 1/6/06 – 1 page
Letter from Dr. Mayer, MD to Dr. Trinh, DO 1/6/06 – 4 pages
Physical therapy initial evaluation 1/4/06 – 1 page
Quantitative functional evaluation summary 1/6/06 – 2 pages
Mental health evaluation 1/6/06 – 5 pages
Extended telephone conference report 3/20/06 – 1 page
Letter from Dr. Mayer, MD to Shelly Carmen 4/12/06 – 2 pages
Work status report 4/12/06 – 1 page
Letter from Dr. Mayer, MD to Shelly Carmen 7/20/06 – 2 pages

FROM THE RESPONDENT:

Letter from Rebecca Strandwitz/Flahive, Ogden and Latson 10/30/06 – 2 pages
Letter from Scott Bouton/Flahive, Ogden & Latson 10/9/06 – 2 pages
Decision and order 9/30/04 – 3 pages
Medical dispute resolution request/response form – 1 page
Provider form – 1 page
Table of disputed services – 1 page

Employers first report of injury or illness 2/9/04 – 1 page
Physician advisor withdrawal notice 7/18/05 – 2 pages
Non authorization notice 1/24/06 – 2 pages
Authorization after reconsideration notice 1/31/06 – 2 pages
Certification notice 11/17/04 – 1 page
Authorization after reconsideration notice 3/10/05 – 1 page
Extension notice 2/24/06 – 1 page
Extension notice 3/22/06 – 1 page
Report of medical evaluation 1/26/05 – 1 page
Report of medical evaluation 10/3/05 – 1 page
Initial patient assessment staffing summary 2/24/06 – 2 pages
Medical summary 2/2/06 – 1 page
Phase III Discharge staffing summary 4/5/06 – 2 pages
Progress note phase II 2/15/06 – 1 page
Medical daily supervision form 2/13/06 – 1 page
Physical therapy staffing summary progress note phase II 2/17/06 – 1 page
Psychology staffing summary progress note phase II 2/22/06 – 1 page
Rehabilitation counselor staffing summary progress note phase II 2/22/06 – 1 page
Occupational therapy staffing summary progress note phase III week 1 3/6/06 – 1 page
Physical therapy staffing summary progress note phase III week 1 3/6/06 – 1 page
Rehabilitation counselor staffing summary progress note phase III week 1 3/6/06 – 1 page
Occupational therapy staffing summary progress note phase III week 2 3/17/06 – 1 page
Physical therapy staffing summary progress note phase III week 2 3/17/06 – 1 page
Occupational therapy staffing summary progress note phase III week 3 DC 3/30/06 – 1 page
Physical therapy staffing summary progress note phase III week 3 DC 3/31/06 – 1 page
Psychology staffing summary progress notes phase III week 3 DC 3/31/06 – 1 page
Rehabilitation counselor staffing summary progress note phase III week 3 DC 3/31/06 – 1 page
Fitness Maintenance plan 3/31/06 – 2 pages
Occupational therapy phase II assessment 2/15/06 – 2 pages
Daily chronic pain treatment progress notes 2/17/06 – 1 page
Discharge plan 2/4/04 – 2 pages
Biofeedback session notes 2/24/06 – 2/28/06 – 2 pages
Biofeedback session notes 3/10/06 – 3/15/06 – 2 pages
Biofeedback session notes 3/31/06 – 1 page
Physical therapy initial plan 1/6/06 – 1 page
Phase I progress note functional training 2/2/06 – 1 page
Phase I stretching progress notes 2/2/06 – 1 page
Phase I progress note functional training 2/7/06 – 1 page
Phase I functional reevaluation 2/7/06 – 1 page
Phase I stretching progress note 2/7/06 – 1 page
Phase II PT progress notes 2/9/06 – 2/13/06 2 pages
Phase II progress notes functional training 2/13/06 – 1 page
Phase II PT progress notes 2/21/06 – 1 page
Phase II progress notes functional training 2/21/06 – 1 page
Phase III daily chronic pain treatment physical progress notes 2/24/06 – 1 page
Phase III daily chronic pain treatment functional activities progress notes 2/24/06 – 1 page
Phase III daily chronic pain treatment physical progress notes 2/27/06 – 1 page
Phase III daily chronic pain treatment functional activities progress notes 2/27/06 – 1 page
Phase III daily chronic pain treatment functional activities progress notes 3/2/06 – 1 page
Phase III daily chronic pain treatment physical progress notes 3/2/06 – 1 page
Phase III daily chronic pain treatment physical progress notes 3/6/06 – 1 page
Phase III daily chronic pain treatment functional activities progress notes 3/6/06 – 1 page
Phase III daily chronic pain treatment physical progress notes 3/10/06 – 1 page
Phase III daily chronic pain treatment physical progress notes 3/10/06 – 3/13/06 – 2 pages

Phase III daily chronic pain treatment physical progress notes 3/13/06 – 3/17/06 – 2 pages
Phase III daily chronic pain treatment physical progress notes 3/17/06 – 3/20/06 – 3 pages
Phase III daily chronic pain treatment physical progress notes 3/22/06 – 2 pages
Phase III daily chronic pain treatment functional activities progress notes 3/27/06 – 1 page
Phase III daily chronic pain treatment physical progress notes 3/27/06 – 3/31/06 – 2 pages
Phase III daily chronic pain treatment functional activities progress notes 3/31/06 – 1 page
Quantitative functional evaluation summary 1/6/06 – 2 pages
Quantitative functional evaluation 4/12/06 – 2 pages
Comprehensive evaluation 4/12/06 – 3 pages
Medical daily supervision notes 2/2/06 – 2/7/06 – 2 pages
Medical daily supervision notes 2/21/06 – 2/27/06 – 2 pages
Medical daily supervision notes 3/6/06 – 3/13/06 – 2 pages
Medical daily supervision notes 3/20/06 – 3/27/06 – 2 pages
Medical daily supervision notes 4/3/06 – 1 page
Phase IV PT progress notes 4/3/06 – 1 page
Phase IV OT progress notes 4/3/06 – 4/5/06 – 2 pages
Phase IV PT progress notes 4/5/06 – 1 page
Medical evaluation report 6/13/05 – 2 pages
Peer review report 4/13/04 – 5 pages
Chiropractor addendum review 7/9/04 – 5 pages
Peer review report 8/22/05 – 11 pages
Mental health evaluation 1/6/06 – 5 pages
Psycho/social evaluation 10/4/04 – 2 pages
Behavioral medical screening report 10/4/04 – 2 pages
Phase I rehabilitation counseling report 2/2/06 – 3 pages
Report of medical evaluation 1/26/05 – 2 pages
Clinical interview 6/3/05 – 5 pages
Work hardening report 6/1/05 – 2 pages
Work hardening report 6/1/05 – 2 pages
Work hardening report 6/2/05 – 2 pages
Work hardening report 6/3/05 – 2 pages
Work hardening report 6/6/05 – 2 pages
Work hardening report 6/7/05 – 2 pages
Work hardening report 6/8/05 – 2 pages
Work hardening report 6/9/05 – 2 pages
Work hardening report 6/10/05 – 2 pages
Work hardening progress note 6/10/05 – 3 pages
Work hardening report 6/13/05 – 2 pages
Work hardening report 6/14/05 – 2 pages
Work hardening report 6/15/05 – 2 pages
Work hardening report 6/16/05 – 2 pages
Work hardening report 6/17/05 – 2 pages
Work hardening progress note week #3 6/17/05 – 3 pages
Work hardening report 6/20/05 – 2 pages
Work hardening report 6/21/05 – 2 pages
Work hardening report 6/22/05 – 2 pages
Work hardening report 6/23/05 – 2 pages
Work hardening progress note week #4 6/24/05 – 1 page
Work hardening report 6/24/05 – 2 pages
Work hardening report 6/27/05 – 2 pages
Work hardening report 6/28/05 – 2 pages
Work hardening report 6/29/05 – 2 pages
Work hardening report 7/1/05 – 2 pages
Work hardening progress note week #5 7/1/05 – 3 pages

Work hardening report 7/5/05 – 2 pages
Work hardening report 7/6/05 – 2 pages
Work hardening report 7/7/05 – 2 pages
Work hardening report 7/8/05 – 2 pages
Work hardening progress note week #6 7/8/05 – 3 pages
Work hardening report 7/11/05 – 2 pages
Work hardening report 7/12/05 – 2 pages
Work hardening report 7/13/05 – 2 pages
Work hardening report 7/14/05 – 2 pages
Work hardening report 7/15/05 – 2 pages
Work hardening progress report week #7 7/15/05 – 4 pages
Work hardening report 7/18/05 – 1 page
Work hardening report 7/19/05 – 2 pages
Work hardening report 7/20/05 – 2 pages
Work hardening report 7/21/05 – 2 pages
Work hardening discharge note week #8 7/22/05 – 6 pages
Work hardening report 7/22/05 – 2 pages
Progress notes 6/2/05 – 6/9/05 – 2 pages
Progress notes 6/16/05 – 6/23/05 – 2 pages
Progress notes 7/14/05 – 7/21/05 – 2 pages
Patient questionnaire 6/29/05 – 7/1/05 – 2 pages
Patient questionnaire 7/5/05 – 7/7/05 – 2 pages
Patient questionnaire 7/8/05 – 7/11/05 – 2 pages
Patient questionnaire 7/12/05 – 7/14/05 – 2 pages
Patient questionnaire 7/13/05 – 7/15/05 – 2 pages
Patient questionnaire 7/19/05 – 7/20/05 – 2 pages
Patient questionnaire 7/21/05 – 7/22/05 – 2 pages
Examination report 7/27/04 – 4 pages
Examination and electrodiagnostic studies report 9/10/04 – 4 pages
Diagnostics values sheet – 2 pages
Chronic pain management treatment plan 3/28/05 – 3 pages
Functional abilities evaluation 7/28/04 – 16 pages
Oswestry low back pain disability questionnaire 7/28/04 – 2 pages
Dallas pain questionnaire 7/28/04 – 3 pages
Physical performance evaluation 9/10/04 – 14 pages
Oswestry low back pain disability questionnaire 9/10/04 – 2 pages
Dallas pain questionnaire 9/10/04 – 2 pages
Functional abilities evaluation 10/8/04 – 17 pages
Oswestry low back pain disability questionnaire 10/8/04 – 1 page
Dallas pain questionnaire 10/8/04 – 3 pages
Physical performance evaluation 11/5/04 – 14 pages
Oswestry low back pain disability questionnaire 11/5/04 – 2 pages
Dallas pain questionnaire 11/5/04 – 3 pages
Work hardening treatment plan 5/31/05 – 3 pages
Functional abilities evaluation 5/27/05 – 15 pages
Physical performance evaluation 6/7/05 – 13 pages
Physical performance evaluation 6/24/05 – 10 pages
Dallas pain questionnaire 6/24/05 – 3 pages
Functional abilities evaluation 7/6/05 – 13 pages
Dallas pain questionnaire 7/6/05 – 3 pages
Physical performance evaluation 9/27/05 – 9 pages
Dallas pain questionnaire 9/27/05 – 3 pages
Review of medical history and physical exam 1/26/05 – 2 pages
History and physical report 3/28/05 – 3 pages

Operative report 3/28/05 – 69 pages
Prescription and certification of medical necessity for durable medical equipment 3/26/05 – 1 page
Patient pain pump accessories kit 3/28/05 – 1 page
Progress notes 11/10/04 – 2 pages
Postoperative progress notes 5/26/05 – 2 pages
Chart notes 7/18/05 – 7/26/05 – 2 pages
Chart notes 8/1/05 – 8/8/05 – 2 pages
Chart notes 8/16/05 – 1 page
Visit notes 9/20/05 – 1 page
Independent medical evaluation report 6/21/04 – 3 pages
Required medical examination report 7/20/05 – 3 pages
Letter from Dr. Ciepiela, MD 10/12/05 – 5 pages
Assessment notes 6/24/05 – 2 pages
Visit notes 12/9/04 – 12 pages
Visit notes 1/6/05 – 10 pages
Postoperative progress notes 4/4/05 – 3 pages
Visit notes 9/20/05 – 9 pages
Initial history and physical exam 2/16/04 – 2 pages
Med Alert Dallas questionnaire 12/12/04 – 2 pages
Physical therapy evaluation 2/11/04 – 3 pages
Physical therapy progress notes 2/12/04 – 4 pages
Physical therapy progress notes 2/16/04 – 2 pages
Physical therapy progress notes 2/19/04 – 2 pages
Physical therapy progress notes 2/20/04 – 4 pages
Physical therapy progress notes 2/24/04 – 2 pages
Physical therapy progress notes 2/25/04 – 2 pages
Physical therapy progress notes 3/1/04 – 4 pages
Physical therapy progress notes 3/4/04 – 2 pages
Physical therapy progress notes 3/5/04 – 1 page
Physical therapy progress notes 3/9/04 – 4 pages
Physical therapy progress notes 3/10/04 – 4 pages
Physical therapy progress notes 3/15/04 – 4 pages
Physical therapy progress notes 3/18/04 – 2 pages
Physical therapy progress notes 3/19/04 – 2 pages
Physical therapy progress notes 3/23/04 – 2 pages
Physical therapy progress notes 3/24/04 – 3 pages
Physical therapy progress notes 3/26/04 – 2 pages
Physical therapy progress notes 3/24/04 – 1 page
Physical therapy progress notes 3/29/04 – 4 pages
Visit notes 3/29/04 – 2 pages
Visit notes 4/5/04 – 2 pages
Visit notes 4/23/04 – 4/27/04 – 2 pages
Visit notes 4/28/04 – 2 pages
Visit notes 5/3/04 – 2 pages
Visit notes 5/10/04 – 6/1/04 – 2 pages
Visit notes 6/3/04 – 6/4/04 – 2 pages
Visit notes 6/7/04 – 6/11/04 – 2 pages
Visit notes 6/14/04 – 6/17/04 – 2 pages
Visit notes 6/18/04 – 6/21/04 – 2 pages
Visit notes 7/8/04 – 7/9/04 – 2 pages
Visit notes 7/12/04 – 7/16/04 – 3 pages
Visit notes 7/19/04 – 7/20/04 – 1 page
Visit notes 7/21/04 – 7/22/04 – 1 page
Visit notes 7/26/04 – 7/30/04 – 2 pages

Visit notes 8/2/04 – 8/6/04 – 2 pages
Visit notes 8/9/04 – 8/11/04 – 2 pages
Visit notes 8/24/04 – 8/25/04 – 2 pages
Visit notes 8/31/04 – 9/21/04 – 3 pages
Visit notes 9/22/04 – 9/24/04 – 2 pages
Visit notes 9/28/04 – 10/4/04 – 2 pages
Visit notes 10/6/04 – 10/12/04 – 2 pages
Visit notes 10/20/04 – 1 page
Visit notes 10/25/04 – 10/28/04 – 4 pages
Visit notes 11/15/04 – 11/18/04 – 4 pages
Visit notes 11/22/04 – 11/24/04 – 3 pages
Visit notes 11/29/04 – 12/2/04 – 4 pages
Visit notes 12/6/04 – 12/8/04 – 3 pages
Visit notes 12/10/04 – 12/16/04 – 5 pages
Visit notes 12/20/04 – 12/22/04 – 3 pages
Visit notes 12/23/04 – 12/30/04 – 5 pages
Visit notes 12/30/04 – 1/6/05 – 5 pages
Visit notes 1/10/05 – 1/11/05 – 2 pages
Visit notes 1/12/05 – 1/13/05 – 2 pages
Visit notes 1/17/05 – 1/20/05 – 4 pages
Visit notes 1/24/05 – 2/2/05 – 5 pages
Visit notes 2/7/05 – 2/10/05 – 3 pages
Visit notes 2/14/05 – 2/16/05 – 3 pages
Visit notes 2/21/05 – 2/22/05 – 2 pages
Visit notes 2/23/05 – 2/28/05 – 2 pages
Visit notes 3/1/05 – 3/2/05 – 2 pages
Visit notes 3/7/05 – 3/9/05 – 3 pages
Visit notes 3/14/05 – 3/16/05 – 2 pages
Visit notes 3/17/05 – 3/21/05 – 2 pages
Visit notes 3/22/05 – 3/24/05 – 3 pages
Visit notes 4/11/05 – 4/13/05 – 3 pages
Visit notes 4/18/05 – 4/20/05 – 2 pages
Visit notes 4/21/05 – 4/22/05 – 2 pages
Visit notes 4/25/05 – 4/26/05 – 2 pages
Visit notes 4/27/05 – 4/29/05 – 2 pages
Visit notes 5/2/05 – 5/3/05 – 2 pages
Visit notes 5/5/05 – 5/6/05 – 2 pages
Visit notes 5/9/05 – 5/10/05 – 2 pages
Visit notes 5/11/05 – 5/13/05 – 3 pages
Visit notes 5/16/05 – 5/17/05 – 2 pages
Visit notes 5/18/05 – 5/20/05 – 4 pages
Visit notes 5/24/05 – 5/26/05 – 3 pages
Letter from Dr. Westkaemper, MD 4/1/04 – 2 pages
Clinical note 4/15/04 – 1 page
Initial comprehensive evaluation 4/22/04 – 6 pages
Preoperative history and physical 3/15/05 – 3 pages
Letter from Dr. Mayer, MD 1/4/06 – 4 pages
Letter from Dr. Mayer, MD 1/6/06 – 2 pages
Extended telephone conference notes 3/20/06 – 1 page
Letter from Dr. Mayer, MD 4/12/06 – 2 pages
Letter from Dr. Mayer, 7/20/06 – 2 pages
Behavioral medical service report 11/22/04 – 1 page
Behavioral medical service report 12/6/04 – 1 page
Behavioral medical service report 12/13/04 – 1 page

MRI left shoulder report 3/18/04 – 1 page
MRI left knee report 3/18/04 – 1 page
MRI scan right knee report 5/6/04 – 1 page
Upper extremity EMG and NCV report 6/12/06 – 2 pages
MRI scan without contrast left knee report 8/27/04 – 2 pages
MR arthrogram left knee report 11/19/04 – 2 pages
Comprehensive evaluation 3/29/06 – 3 pages

Summary of Treatment/Case History:

The patient is a 50 year-old female machine operator who fell down the stairs on ___ sustaining multiple injuries to her bilateral knees, right rib cage, bilateral middle fingers, left ankle, left shoulder, neck and low back. She initially treated with Med Alert with medications, activity modification and physical therapy. Radiographs of the hip, knee and ankle were within normal limits. Specifics of the reports are not provided. A left shoulder MRI was performed on 03/18/04 and was unremarkable. A left knee MRI from the same date noted a medial meniscus tear and grade IV chondromalacia. She failed to improve and entered into orthopedic care on 04/01/04. Her right knee was injected with minimal benefit. She was diagnosed with bilateral knee osteoarthritis and continued to treat conservatively. She attended almost daily osteopathic and chiropractic sessions from 04/23/04 to 05/26/05. MRI evaluation of the right knee was conducted on 05/06/04 with findings of grade II chondromalacia and a medial meniscus tear. Electrodiagnostic studies were completed on 06/12/04 of the left upper extremity and were normal. A repeat MRI of the left knee from 06/27/04 noted grade III degenerative changes and fraying about the medial meniscus. Electrodiagnostic studies of the bilateral lower extremities done on 09/10/04 indicated bilateral S1 nerve root irritation. She underwent psychiatric evaluation on 10/04/04 with findings compatible with anxiety and depression. She underwent multiple functional ability examinations with some improvements in her lifting capability, but not enough to return to her regular job classification. A formal job description was not provided for review. She continued to treat with therapy, injections, bracing and medications.

A right knee MR/ Arthrogram was performed on 11/19/04 revealing mild tricompartmental degenerative changes and a medial meniscus tear. She treated for both knees with the left knee gradually becoming more symptomatic. She underwent left knee arthroscopy on 03/28/05 with removal of multiple loose bodies, meniscectomy and synovectomy. Postoperative left knee radiographs noted normal alignment and no recurrent foreign bodies. She entered into a Work Hardening program from 05/31/05 to 07/22/05. She underwent Supartz injections to the left knee in 08/05. Dr. McConnell performed a left iliotibial band injection on 09/20/05. Repeat physical performance evaluations continued to note an inability to return to work. She was placed at maximum medical improvement on 10/03/05 with a one percent impairment rating. She was then evaluated for the PRIDE program on 01/04/06. She entered into the program on 02/02/06 for primarily bilateral knee pain. She reported right hip, left shoulder and low back pain throughout the course of the program. The multidisciplinary program included psychiatric evaluation, functional training, physical therapy, occupational therapy, medical supervision, biofeedback and chronic pain management. She continued to follow with Dr. Mayer after discharge from the program. Dr. Mayer did not feel she achieved maximum medical improvement until 04/12/06. It appears she attended vocational retraining as she was enrolled in school on 07/20/06.

Questions for Review:

Dates of service 01/04/06–01/06/06:

Disputed services: #99244–OV new patient, #99080–73 Required report, #99214–Estab OV, #90801–Psychiatric diagnostic interview, #97001–GP–Physical therapy eval, #99750–FC–Functional Capacity exam.

Explanation of Findings:

The patient is a 50-year-old female who had had multiple treatments for her injury that occurred in _____. The issue under dispute is the Pride Program from 02/02/06 through 04/05/06.

Disputed services:

#99244– OV New Patient:

The office visit new patient evaluation #99244 is reasonable and appropriate for the determination of the patient's eligibility for the Pride Program.

#99080– 73, Required Report:

The #99080–73 required report is also reasonable and appropriate for this patient's Pride Program evaluation.

#99214– Established office visit:

#99214 – The established office visit is reasonable and appropriate for the patient for follow up for her progress in the Pride Program and that was reasonable and appropriate as well.

#90801– Psychiatric Diagnostic Interview:

The #90801 psychiatric diagnostic interview, this is an integral part of the Pride Program and is certainly reasonable and appropriate as part of the Pride Program and to determine the patient's need for this comprehensive, multidisciplinary approach.

#97001– GP– Physical Therapy Eval:

The #97001 physical therapy evaluation is also reasonable and appropriate to determine the patient's initial state and her ongoing progress in physical therapy.

#99750–FC– Functional Capacity Exam:

#99750 the functional capacity evaluation is reasonable and appropriate for a determination of the patient's functional capabilities at the end of the Pride Program and what she may be able to do in terms of the workforce and ongoing activities of daily living.

Consequently, the services that were indicated for the Pride Program are considered to be reasonable and appropriate and are recommended as being medically necessary.

Conclusion/Decision to Certify:

Disputed services: #99244–OV new patient, #99080–73 Required report, #99214–Estab OV, #90801– Psychiatric diagnostic interview, #97001–GP–Physical therapy eval, #99750–FC–Functional Capacity exam.

Services that were indicated for the Pride Program are considered to be reasonable and appropriate and are recommended as being medically necessary.

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

Demeter, Stephen C., Anderson, Gunnar B.J.; Disability Evaluation; second edition

ACOEM guidelines, chapter 6, page 113–114

This physician providing this review is board certified in Orthopaedic Surgery. The reviewer is a member of the American Academy of Orthopaedic Surgeons, the American Medical Association, their state Orthopaedic Society, the Eastern Orthopaedic Society, their state Medical Society, and is certified in impairment rating

evaluations through the Bureau of Workers Compensation. The reviewer was part of the National Association of Disability Evaluating Professionals and was the Orthopaedic Advisor of a National Football League team. The reviewer has been in active practice since 1994.

MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, and the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRloA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRloA 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 MRloA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America 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 agrees to hold MRloA harmless for any and all claims which may arise as a result of 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.

1266419.2

Case Analyst: Cherstin B ext 593