Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier

Requestor=s Name and Address:	MDR Tracking No.: M5-07-0220-01 PreviousTracking No.: M5-06-0116-01
Killeen Rehab Group 5445 La Sierra Drive # 204 Dallas, TX 75231	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Box 45	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): "SORM Ins has denied the payment for this patient's claims. The treatments that we rendered were medically necessary and pre-auth was obtained for the Ind. Psych sessions and WHP. This patient's recovery would have been negatively impacted without these treatments."

Principle Documentation:

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

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position Summary (Table of Disputed Services): "The office will maintain its denial…for R, W12, 188…Due to an erroneous audit, the Office will allow reimbursement out of good faith for date of service 9-7-04, CPT code 90806…"

Principle Documentation:

1. DWC-60/Table of Disputed Services/Position Summary

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
10-05-04 – 12-14-04	R, W12, 188	97124, 99213, 97032, 97012, 97024, 99212, 97545-WH, 97546-WH, 99080, 98940	1, 2, 3, 4, 5, 6	$00.00
	Total Due			$00.00

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Section 413.011(a-d) titled (Guidelines and Medical Policies), and Division Rule 134.202 titled (Medical Fee Guideline) effective August 1, 2003, set out reimbursement guidelines.

1. The Respondent denied these services (Table of Disputed Services) as "R-Extent of injury," "W12-Extent of Injury. Not finally adjudicated," and "188-Not related to Reported Condition."

2. A Contested Case Hearing was held on 1-17-06. A Decision and Order dated February 1, 2006 ruled the "Claimant's compensable injury of ___, does not extend to and include major depressive disorder, neuralgia and traumatic sciatic (diagnosis codes 724.2 and 729.2)." The Requestor billed with diagnosis codes 724.4 and 729.2. The Order states that the "Carrier is not liable for benefits at issue in this hearing."

3. Per this Decision and Order these services are not compensable and Texas Department of Insurance does not have jurisdiction to proceed with this request for mediation. The process for appeals has been exhausted.

4. Per the Texas Labor Code 413.042 (a) (1) the Requestor may bill the injured worker for these services.

5. This medical dispute is not eligible for review.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code 413.011(a-d), 413.031, 413.042
28 Texas Administrative Code Sec. 134.1

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 not entitled to reimbursement of the IRO fee and is not entitled to reimbursement for the services involved in this dispute.

Findings and Decision by:

	Medical Dispute Officer	3-21-07
Authorized Signature	Typed Name	Date

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.

Specialty Independent Review Organization, Inc.

December 8, 2006

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: _____
DWC #:____

MDR Tracking #: M5-07-0220-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic with a specialty in Rehabilitation. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

_____ was injured on _____ while employed with the She was a corrections officer at the time of injury. The injury occurred when she slipped and fell on a recently mopped floor. She has been treated conservatively by Christopher Blair, DC since just after the injury. The records indicate she is 5'8" and weighs 260 lbs. During an interview with Ms. Curione the patient admits to suicidal ideation and plan. MRI and CT examination reveals no significant pathology beyond facet degeneration and diffuse spondylosis. She was placed at MMI on 6/14/05 with a 5% WP impairment by the Designated Doctor. According to the records, she suffered an additional falling injury in April of 2005 while on the job.

RECORDS REVIEWED

Records were received and reviewed from the requestor and from the respondent. Records from the requestor include the following: 11/8/06 letter from Scott Crockett, DO, 10/26/04 Forte WH review, patient time card, 6/15/04 initial psych evaluation and addendum by V. Curione, LPC, LCDC, individual psych notes from Allied Multicare Centers (AMC) from 9/7/04, FCE of 10/7/04, SOAP notes by Dr. Blair from 10/5/04 through 12/14/04, work hardening flow sheets and daily notes from 10/27/04 through 11/4/04, psychotherapeutic group notes for WH and various TWCC 73 forms.

Records from the respondent include the following (in addition to any previously mentioned records): 11/13/06 letter from J. Dawson of SORM, E1 report, 2/16/04 report by Robert Alred, MD, radiographic report of 2/16/04, SOAP notes by Dr. Blair from 5/21/04 through 08/05/05, initial medical narrative report of 5/27/04, neurodiagnostic testing of 6/17/04, TX institute of Health follow up notes (7/9/04-8/11/04), crisis intervention note of 7/14/04, individual psych note of 7/21/04 through 8/25/04/04, 8/16/04 through 3/30/05 notes from Les Benson, MD, subsequent medical reports of 9/14/04 and 7/22/05, 1/25/05 MRI of the bilateral hips and lumbar spine, 2/9/05 report by Michael Perkins, MD, pelvic ultrasound results of 2/9/05, lumbar myelogram and CT of 3/2/05, 5/5/05 right knee and right ankle MRI, 5/11/05 lumbar and cervical MRI, TWCC 69 and report by Ronald Kirkwood, DO of 6/14/05 and a TWCC PLN-11.

The respondent sent multiple reports regarding a "_____" including the following records: 7/13/04 report by D. Crawford, DO, various objective status questionnaires (Oswestry, Dallas, etc), FCE of 7/7/04. According to the records,_____was a correctional officer as well. These records were not utilized in the decision making process.

DISPUTED SERVICES

The services under dispute include massage therapy (97124), electrical stimulation (97032), mechanical traction (97012), diathermy (97024), CMT (98940) and office visits (99212-99213) from 10/14/04 through 12/7/04.

DECISION

The reviewer disagrees with the previous adverse determination regarding code 99212 (10/21/04, 12/7/04 and 12/14/04) and 99080 on 12/7/04.

The reviewer agrees with the previous adverse determination regarding all remaining codes and all remaining dates not specifically mentioned above.

BASIS FOR THE DECISION

The code 99213 on 10/14/04 is denied as it does not include all the necessary information in the SOAP note to qualify for a -213 level service according to the 1997 Medicare Guidelines. Specifically, the history, decision making and examinations are not at a -213 level on this date of service. The manipulative code is not to be performed on the same date as an office visit. All passive therapies have been denied as they were

not meeting the requirements of TLC 408.021. On a daily basis, Dr. Blair's notes indicate that the treatments were not improving the patient's symptoms, functionality or pain levels. Secondly, continued passive therapy is not advisable in the chronic stage of treatment. The work hardening program likely improved the patient to a great extent. According to the MDA, these types of treatments are not medically necessary after the subacute phase of care except in treating exacerbations.

REFERENCES

Texas Labor Code 408.021

1997 Medicare Guidelines

Reed, P Medical Disability Advisor, 2005

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest 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 decision before referral to the IRO.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director

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,

Wendy Perelli, CEO

I hereby certify, in accordance with DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the Division via facsimile, U.S. Postal Service or both on this _____8th_____ day of ____December___, 2006.

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli