



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.: M5-07-0313-01
Rehab 2112 P. O. Box 671342 Dallas, TX 75267-1342	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: AMERICAN HOME ASSURANCE 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): "Work hardening was medically necessary."

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: "Respondent's position summary does not address the disputed issues."

Principle Documentation:

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

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)
1-12-06 – 2-13-06	97545-WH-CA, 97546-WH-CA, 97750-FC	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
	Total Due		\$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 did not prevail on the disputed medical necessity issues. No reimbursement recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

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

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 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:

01-24-07

Authorized Signature

Typed Name

Date of Findings and Decision

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.

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
7502 GREENVILLE AVENUE
SUITE 600
DALLAS, TEXAS 75231
(214) 750-6110
FAX (214) 750-5825

January 10, 2007

Re: Medical Dispute Resolution
MDR# M5-07-0313-01
DWC# _____
Injured Employee: _____
DOI: _____
SS#: _____
IRO Certificate #: IRO5313
Name of Requestor: Rehab 2112
Name of Provider: Rehab 2112
Reviewed by: Diplomate of the American Chiropractic Neurology Board

TRANSMITTED VIA FAX TO:

Medical Dispute Resolution
TDI-Division of Workers' Compensation
FAX: 512-804-4868

Dear Rehab 2112:

In accordance with the requirements for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Southwest Medical Examination Services, Inc. (SMES) for an independent review. In performing this review, SMES reviewed relevant medical records, any documents provided by the parties referenced above, and documentation and written information submitted in support of the dispute.

I am an officer of Southwest Medical Examination Services, 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 any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a Diplomate of the American Chiropractic Neurology Board, and is currently listed on the DWC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

Medical records from the Treating Doctor include:

- TWCC, 12/09/05
- Rehab 2112, ____, 12/09/05, 12/10/05, 12/21/05, 12/23/05, 12/27/05, 12/29/05, 12/30/05, 01/03/06, 01/05/06,

01/06/06, 01/10/06, 01/11/06, 01/17/06, 01/18/06, 01/19/06, 01/20/06, 01/23/06, 01/31/06, 02/07/06, 02/13/06, 02/17/06, 03/06/06

- Concentra Medical Centers, 04/28/05, 07/14/05, 09/09/05, 09/12/05, 09/14/05, 09/16/05, 09/21/05, 09/22/05, 09/23/05, 11/29/05, 11/30/05, 12/01/05, 12/02/05, 12/09/05
- Lone Star Radiology, 11/29/05, 12/09/05
- White Rock MRI Open Air, 12/07/05
- Chris Turner, D.C., 12/09/05, 12/15/05, 01/04/06, 01/16/06, 02/13/06, 02/23/06
- Jonna Lee Barta, Ph.D., 12/28/05
- Marlon D. Padilla, M.D., 01/05/06, 01/25/06
- Metroplex Diagnostics, 01/19/06

Medical records from the Respondent include:

- Concentra Medical Centers, ____, 09/09/05, 09/12/05, 09/14/05, 09/16/05, 09/21/05, 09/22/05, 09/23/05, 11/29/05, 11/30/05, 12/01/05, 12/02/05, 12/09/05
- Lone Star Radiology, 11/29/05, 12/09/05
- Advanced Medical Imaging, 12/07/05
- Chris Turner, D.C., 12/09/05, 12/10/05, 12/12/05, 12/13/05, 12/14/05, 12/15/05, 12/18/05, 12/19/05, 12/20/05, 12/21/05, 12/22/05, 12/23/05, 12/24/05, 12/25/05, 12/26/05, 12/27/05
- Rehab 2112, 12/27/05, 12/29/05, 12/30/05, 01/03/06, 01/04/06, 01/17/06, 01/18/06, 01/19/06, 01/23/06, 01/24/06, 01/26/06, 02/01/06, 02/06/06, 02/08/06, 02/15/06
- Jonna Lee Barta, Ph.D., 12/28/05
- UniMed Direct, 02/03/06
- The Hartford Medical Management Center, 02/10/06, 02/20/06, 02/28/06, 03/10/06, 03/30/06, 04/08/06, 09/14/06

Medical records from the Requestor include:

- TWCC, undated
- Lone Star Radiology, 11/29/05, 12/09/05
- White Rock MRI Open Air, 12/07/05
- Chris Turner, D.C., ____, 12/09/05, 12/10/05, 12/12/05, 12/13/05, 12/14/05, 12/15/05, 12/16/05, 12/19/05, 12/20/05, 12/21/05, 12/22/05, 12/23/05, 12/27/05, 12/28/05
- Rehab 2112, 12/27/05, 12/29/05, 12/30/05, 01/03/06, 01/04/06, 01/05/06, 01/06/06, 01/09/06, 01/10/06, 01/11/06, 01/12/06, 01/13/06, 01/17/06, 01/18/06, 01/19/06, 01/20/06, 01/23/06, 01/24/06, 01/25/06, 01/26/06, 01/27/06, 01/30/06, 01/31/06, 02/01/06, 02/02/06, 02/03/06, 02/06/06, 02/07/06, 02/08/06, 02/09/06, 02/10/06, 02/13/06, 02/14/06, 03/27/06, 11/07/06
- Kyle Babick, Ph.D., 12/27/05
- Jonna Lee Barta, Ph.D., 12/28/05
- Metroplex Diagnostics, 01/19/06

Clinical History:

The patient was reportedly injured when he was pulling items from the lowest level of an item rack reaching in with the right arm approximately four feet into a bin to pull out an item and felt a pinch.

The patient was seen at Concentra Medical Centers where a shoulder strain and trapezius strain was diagnosed by James Lowell, M.D., and he has undergone extensive physical therapy and chiropractic initially under Concentra Medical Centers under the direction of Grace Miller, a licensed physical therapist.

The patient was seen by Daniel Pham, M.D., who diagnosed cervical radiculopathy and cervical strain with foraminal that is not related.

The patient switched to Rehab 2112 where he had extensive physical therapy.

On January 19, 2006, the patient underwent NCV study that revealed no evidence of peripheral neuropathy, evidence of mild right median neuropathy, and some mild acute C6 motor neuropathy.

The patient had functional capacity evaluation on January 20, 2006, and February 13, 2006.

There is a note of clinical maximum medical improvement as of September 23, 2005, by James Lowell, M.D. There is no impairment from this.

X-rays reveal only postural alteration.

MRI of the cervical spine was performed on December 7, 2005, that revealed disc protrusion 3 to 4 mm in the anterior aspect of this cord. At C5-6 there was no evidence of herniated disc. Disc desiccation was noted at C2 through C7 and posterior bulging at C6 with 3 mm mild disc displacement.

Work hardening notes were presented and notes are also presented denying therapy for work hardening.

There is also a utilization review that was performed by Dr. Brenman, D.O., who states that there was inadequate rationale to enroll in a work hardening program with lack of psychopathology and reasoning for an interdisciplinary program reported.

Disputed Services:

Work hardening (97545-WH-CA), Work hardening each additional hour (97546-WH-CA), Physical Performance Test (97750-FC). Dates of service: January 12, 2006 through February 13, 2006.

Decision:

I disagree with the proposed treatment.

Rationale:

Work hardening and work conditioning are not supported in the multidisciplinary options. This appears to be a sprain/strain with minimal disc involvement. Chiropractic and physical therapy initially would have been an appropriate course of action. There is not extensive deconditioning that would support the patient being deconditioned to require a work hardening or work conditioning program.

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 with Southwest Medical Examination Services, Inc. is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

If you are unhappy with this decision, you may seek judicial review of the decision. (Texas Labor Code, 413.031k) To seek such an appeal, a petition for judicial review must be filed with the Travis County District Clerk's Office in Austin, Texas not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. (Subchapter G, Chapter 2001, of the Texas Government Code) Neither the Department of Insurance nor the Division of Workers' Compensation is considered a party to the medical dispute in a judicial review. You may wish to consult with an attorney of your choice to assist you in filing an appeal. The Division of Workers' Compensation cannot assist or provide legal advice to you in this matter."

In accordance with Commission Rule 102.4(b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor and claimant via facsimile or US Postal Service from the office of the IRO on this 10th day of January 2007.

Sincerely,

John Turner
Southwest Medical Examination Services, Inc.