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.: M5-07-0315-01 Previous No: M4-05-4159-01
San Antonio Accident/Injury Care 401 W. Commerce #100 San Antonio, TX 78207	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
Box 03	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position Summary (Table of Disputed Services): "Treatment given to patient 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 (Table of Disputed Services): "Unnecessary and excessive PT per UR standards…And claimant needs surgery…"

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)
9-20-04 – 11-4-04	97110, 97124, 97116, 97112	☐ Yes ☒ 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.

In letters dated 12-08-06 and 12-14-06 the Requestor withdrew dates of service 8-9-04, 8-23-04, 8-25-04 and duplicate on 11-2-04. CPT code 97110 on 9-2-04, 9-7-04, 9-8-04 and 10-11-04 and CPT code 99080 on 9-30-04 were also withdrawn.

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:

		02-02-07
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 25, 2007

Re:	Medical Dispute Resolution
MDR#	M5-07-0315-01
DWC#	___
Injured Employee:	___
DOI:	___
SS#:	___
IRO Certificate #:	IRO5313
Name of Requestor:	San Antonio Accident & Injury Care
Name of Provider:	San Antonio Accident & Injury Care
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 San Antonio Accident & Injury Care:

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 Respondent include:

- Barron Risk Management, 12/26/06
- TrailBlazer Health Enterprises, 03/22/04
- Employer's First Report of Injury or Illness, 07/13/04
- Concentra Medical Centers, ___, 07/12/04, 07/20/04, 07/21/04, 07/22/04, 07/30/04
- Randall S. Preissig, M.D., ___
- Premier Medical Imaging, 07/27/04
- Richard Alexander, D.C., 08/09/04, 08/23/04, 08/24/04, 08/25/04, 08/30/04, 08/31/04, 09/02/04, 09/07/04, 09/08/04, 09/09/04, 09/13/04, 09/20/04, 09/21/04, 09/23/04, 09/27/04, 09/28/04, 09/30/04, 10/04/04, 10/05/04, 10/10/04, 10/11/04, 10/12/04, 10/14/04, 10/18/04, 10/19/04, 10/21/04, 10/25/04, 10/26/04, 10/28/04, 10/29/04, 11/01/04, 11/02/04, 11/04/04, 11/08/04, 11/09/04, 11/11/04, 11/15/04, 11/16/04, 11/17/04, 11/22/04, 11/23/04, 11/29/04, 11/30/04, 12/01/04, 12/02/04
- Mario A. Bustamante, M.D., 08/11/04, 08/19/04, 09/10/04, 10/22/04
- Acadiana Impairment & Functional Assessment Testing Center, 09/21/04
- CorVel, 10/29/04
- S. A. Physical Evaluation & Impairment Center, 11/18/04

Medical records from Marcus Hayes, D.C., include:

- Acadiana Impairment & Functional Assessment Testing Center, 09/21/04

Medical records from Requestor/Treating Doctor include:

- Richard Alexander, D.C., 08/09/04, 08/23/04, 08/25/04, 09/02/04, 09/07/04, 09/08/04, 09/13/04, 09/20/04, 09/21/04, 09/23/04, 09/27/04, 09/28/04, 09/30/04, 10/04/04, 10/05/04, 10/07/04, 10/11/04, 10/12/04, 10/14/04, 10/18/04, 10/19/04, 10/21/04, 10/25/04, 10/26/04, 10/28/04, 11/01/04, 11/02/04, 11/04/04, 11/08/04, 11/09/04, 11/11/04, 11/15/04, 11/16/04, 11/17/04, 11/22/04, 11/23/04, 11/30/04, 12/01/04, 12/02/04
- James E. Remkus, M.D., 07/27/04
- Mario A. Bustamante, M.D., 08/11/04, 09/11/04, 10/22/04
- Acadiana Impairment & Functional Assessment Testing Center, 09/21/04

Clinical History:

The patient was injured on ___. He was stripping a floor when he slipped and fell landing on his arm and jamming his shoulder. He went to the emergency room, and then went to Concentra Medical Centers where he underwent cortisone injections. He later saw Dr. Alexander where he was getting chiropractic care. He has had physical therapy.

An MRI of the left shoulder revealed a full thickness rotator cuff tear.

The patient was seen on November 18, 2004, by Charles Kennedy, M.D., who stated that he had reached maximum medical improvement, and that further chiropractic care beyond that time would not be necessary. The patient continued to undergo extensive physical therapy and massage therapy beyond that time.

Disputed Services:

Therapeutic Exercises (97110, Massage Therapy (97124), Gait Training (97116), Neuromuscular Re-education (97112). Denied for medical necessity. Dates of service: September 20, 2004 through November 4, 2004.

Decision:

I agree with the denial of the above noted disputed services.

Rationale:

Dates of service from September 20, 2004 to November 4, 2004 do not meet medical necessity guidelines based on the fact that the patient was injured in ___ of 2004. Treatment all the way through to September would be beyond the normal limits for rehabilitation of the shoulder. Treatment would also be excessive using gait training for a shoulder injury, neuromuscular reeducation for a shoulder injury, and massage therapy for a shoulder injury this far out. Home exercises should be performed at this point without the need for further active physical therapy.

Rationale is based on Official Disability Guidelines and Physical Therapy Treatment Guidelines for shoulder injuries.

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 25th day of January 2007.

Sincerely,

John Turner
Southwest Medical Examination Services, Inc.