



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 and Fee Dispute

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor's Name and Address: Parchelle Connally, M. D. 1422 W. Main Street, Suite 200 Lewisville, TX 75067	MDR Tracking No.: M5-07-0448-01
	Previous Tracking #: M4-05-A010-01
	Claim No.:
Respondent's Name and Address: AMERICAN HOME ASSURANCE CO, BOX 19	Injured Employee's Name:
	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, "Insurance Carrier denying payment stating treatment exceeds physician parameters based on retrospective review after services were rendered. Dr. Connally disputes this decision based on the fact that she clearly documented the medical necessity for the additional 12 visits for PT, in which only 4 were paid..."

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, "The Carrier requests that this dispute be re-docketed as a retrospective medical necessity as the bills were initially denied as unnecessary medical."

Principle Documentation:

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

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)
1-10-05 – 2-9-05	97110	<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.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308 and 134.1
Texas Labor Code 413.011 and 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 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:

2-5-07

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.

Notice of independent Review Decision

SENT TO: Texas Department of Insurance
Health & Workers' Compensation Network Certification and QA
Division (HWCN) MC 103-5A
Via E-mail IRODecisions@tdi.state.tx.us

Injured Employee

Requestor
PARCHELLE CONNALLY
1422 W. MAIN STREET
LEWISVILLE, TX 75067

Respondent
AMERICAN HOME ASSURANCE CO./ARCFMI
POB 115114
CARROLLTON, TX 75011

January 26, 2007

RE: IRO Case #:M5-07-0448-01
Name: ___
Coverage Type: Workers' Compensation Health Care (Non-network)
Type of Review:
Retrospective

Medical Review Institute has been certified, certification number 5278, by the Texas Department of Insurance (TDI) as an Independent Review Organization (IRO). TDI has assigned this case to the IRO for independent review in accordance with the Texas Insurance Code, the Texas Labor Code and applicable regulations.

The IRO has performed an independent review of the proposed/rendered care to determine if the adverse determination was appropriate. In the performance of the review, the IRO reviewed the medical records and documentation provided to the IRO by involved parties.

This case was reviewed by a Physical Med. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

As an officer of Medical Review Institute of America I certify that:

1. There is no known conflict between the reviewer, the IRO and/or any officer/ employee of the IRO with any person or entity that is a party to the dispute, and
2. A copy of this IRO decision was sent to all of the parties via U.S. Postal Service or otherwise transmitted in the manner indicated above on [DATE].

Right to Appeal

You have the right to appeal the decision by seeking judicial review. The decision of the IRO is binding during the appeal process.

For disputes other than those related to prospective or concurrent review of spinal surgery the appeal must be filed:

1. directly with a district court in Travis County (see Labor Code §413.031(m), and
2. within thirty (30) days after the date on which the decision is received by the appealing party.

For disputes related to prospective or concurrent review of spinal surgery, you may appeal the IRO decision by requesting a Contested Case Hearing (CCH). A request for a CCH must be in writing and received by the Division of the Workers' Compensation, Division Chief Clerk, within ten (10) days of your receipt of this decision.

Sincerely,

Case Analyst: Raquel G ext 518
Case Fulfillment Specialist

DATE OF REVIEW: January 26, 2007

IRO Case #: M5-07-0448-01

Questions for Review:

ITEM(S) IN DISPUTE: Therapeutic Procedures (#97110). Denied for medical necessity.

A description of the qualifications for each physician or other health care provider who reviewed the decision:

This reviewer is Board certified in Physical Medicine & Rehabilitation (1979). The physician providing this review is a Diplomate, American Academy of Physical Medicine and Rehabilitation; and Diplomate, American Board of Electrodiagnostic Medicine. This reviewer is a member of the American Spinal Injury Association, American Academy of Physical Medicine and Rehabilitation, State Academy of Physical Medicine and Rehabilitation, and State Medical Society. This reviewer has held various academic positions, is currently an Adjunct Associate Professor, and has authored numerous publications. The reviewer has additional training in Acupuncture. This reviewer is licensed to practice in four states and has been in practice since 1978.

Review Outcome

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld.

Therapeutic procedures are not medically necessary for this patient.

Information provided to the IRO for review:

Records received from the State:

Notification of IRO assignment 1/4/07 2 pages

Medical dispute resolution request and associated documents 4 pages

Explanation of benefits forms for dates of service 1/10/05, 1/12/05, 1/17/05, 1/24/05, 1/26/05, 2/4/05, 2/7/05, 2/9/05 5 pages

Records received from the respondent:

Letter from Arkansas claims management dated 1/9/07 1 page

Employer's first report of injury dated 9/7/04 2 pages

IRO summary dated 1/9/07 2 pages

ER documentation 9/7/04 4 pages

Occupational medicine Denton regional medical center records; 9/13/04, 4 pages 10/20/04 1 page

PT Eval 9/28/04, 11/11/04 2 pages

PT progress notes; 9/29/04–2/16/05 4 pages

Work restriction note 11/10/04 1 page

Ortho consult N Tsourmas MD 11/13/04 3 pages

PT progress notes 11/15/04–12/1/04 3 pages

Back injury follow up 10/20/04 1 page

Weekly progress report 12/1/04 1 page

PT progress notes 12/3/04–12/13/04 4 pages

Work status reports; 12/2/04 1 page

PT re evaluation summary 11/11/04 2 pages

PT progress notes 12/21/04–1/10/05 2 pages

Work status report 1/13/05 1 page

PT progress notes 1/12/05–1/26/05 2 pages

Review opinions 1/30/05 1 page

Notice of disputed issue and refusal to pay benefits dated 2/2/05 1 page

PT progress notes dated 2/4/05–2/14/05 3 pages

Review opinion 2/13/05 1 page

PT progress notes 2/16/05 1 page

FCE; 2/17/05 8 pages

Review opinion 2/25/05 1 page

Review opinion 3/3/05 1 page

Consult C Garcia MD 3/7/05 3 pages

H&P P. Connally 3/7/05 4 pages

FCE 3/17/05 6 pages

Evaluation dated 3/17/05 4 pages

Work status report dated 3/17/05 1 page

Follow up notes 5/10/05 2 pages

Follow up notes 5/19/05 1 page

Follow up notes 6/9/05 2 pages

Follow up notes 6/21/05 2 pages

Follow up notes 6/28/05 2 pages

Review opinion dated 5/12/05 2 pages

Medical evaluation R Holloday MD 3/17/05

Report x-ray cervical spine 5/13/05 2 pages

Daily therapy notes; 5/24/05–6/28/05 14 pages

Evaluation P Polatin MD 7/7/05 2 pages

Work status report dated 7/7/05 1 page

FCE 7/20/05 11 pages

Mental health evaluation 7/25/05 4 pages

Telephone conference documentation dated 7/29/05 1 page

PT initial evaluation dated 8/2/05 1 page
Documentation from the PRIDE work conditioning program 8/8/05 5 pages
Functional re evaluation 8/10/05 1 page
Initial OT eval 3 pages
Report of medical evaluation /22/06
PT progress note 8/16/05 1 page
Biofeedback assessment dated 8/16/05 4 pages
Initial patient assessment dated 8/18/05 2 pages
OT progress note phase II dated 8/18/05 4 pages
PT progress notes and functional training 8/16/05, 8/22/05 5 pages
Biofeedback Session note dated 8/23/05 1 page
Stretching progress note dated 8/22/05–8/23/05 1 page
Letters from Dr Polatins office regard telephone conversations with the patient 10/3/05, 9/15/05 2 pages
Impairment evaluation dated 10/11/05 1 page
Medical daily supervision note dated 10/19/05 1 page
Biofeedback session note 10/19/05 1 page
Pain management progress note dated 10/19/05 3 pages
OT gym training form 10/17/05–10/21/05 2 pages
Letter from Dr. Polatin 11/7/05 2 pages
Report of medical evaluation dated 2/22/06 1 page
Consultation E Coligado MD 2/22/06 2 pages
Work status report dated 2/22/06 1 page
Clinical report Dr. Deeb 9/7/04 3 pages

Records received from the requestor:

Cover letter P. Connally MD 1/12/07 2 pages
HCFA forms for dates of service 1/10/05, 1/12/05, 1/17/05, 1/24/05, 1/26/05, 2/4/05, 2/07/05, 2/9/05, 2/11/05, 2/14/05, 2/16/05 11 pages
EOB records for dates of service 1/10/05, 1/12/05, 1/17/05, 1/24/05, 1/26/05, 2/4/05, 2/07/05, 2/9/05, 2/11/05, 2/14/05, 2/16/05 7 pages
Initial evaluation P. Connally 11/10/04 3 pages
Follow up notes; 12/2/04, 12/16/04, 1/13/05, 1/25/05, 2/24/05 8 pages
Exercise flow sheet 1/5/07–1/10/05 1 page
MRI report lumbar spine 1/17/05 2 pages
Exercise flow sheets dated 1/12/05–2/14/05 3 pages
Progress notes 1/11/04–1/18/05
PT note 2/8/05 1 page
Appeal letter 4/28/05 1 page
Progress note 1/20/05–5/9/05 2 pages
Evaluation Dr. Polatin dated 7/18/05, 7/25/05 5 pages
Review determination letter dated 8/2/05, 9/20/05 2 pages
Recheck office assessment dated 8/22/05 1 page
Report of medical evaluation dated 10/21/05 1 page
AMA guides evaluation 2 pages
Log of appeal undated 4 pages

Patient clinical history [summary]:

The patient is a 62-year-old male who was injured on ___ trying to pull open a door. Initial complaint was that of abdominal and back pain. Subsequent to that there was a complaint of neck and upper back pain as well. The patient has gone through various evaluations. Treatment has included therapies and work hardening, as well as an electrical stimulation device. The patient has had FCE evaluations and an MRI. The patient initially had PT beginning on 9/28/04. The documentation indicates ongoing therapy through 2/16/05 for approximately 2 therapy sessions. No significant objective or sustained improvement noted. The patient has not been noted to have significant neurological deficits. The patient had additional therapy

beginning in May 2005 for the neck pain. The patient then went into a work-conditioning program from which he was noted to be non compliant. The patient continues to have discomfort.

The therapy from 1/10/05–2/16/05 has been determined to have been not medically necessary given the lack of documented progress. This decision is being appealed by Dr. Connally. She notes that the adjustor was aware of the treatment ongoing and verbal approval had been given. Review of her records indicates that per the 12/16/04 note there was improvement in discomfort and per the 1/13/05 note there was subsequent worsening. The 2/24/5 note states improvement from therapy.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision:

The therapy progress notes indicate some improvement with the initial therapy sessions. The 12/21/04 note states that the back is feeling better. The patient continued on endurance and other exercises. It appears that the patient is capable of doing the exercises independently. The 1/5/05 note states that the back hurts with prolonged standing. On 1/9 it states that the back is not hurting him. On 1/10 there is stiffness with gradual worsening that by 1/24 the patient notes pain back to where it was previously.

This patient has myofascial type low back pain. The patient was instructed in an exercise program. The pain had decreased. There is no indication why the patient could not continue with an independent program after 12/1/04. There is no literature support for continuing therapy to improve trunk strength and endurance, as there has been no correlation defined between these parameters and pain resolution. By 1/10/05 the patient was 4 months post injury. He was capable of continuing his exercises independently. The fact that the adjustor was aware of the ongoing treatment does not establish a medical necessity. The therapy documentation does not provide specific objective parameters or goals. It appears that much of the therapy was repetitive exercises that the patient could do independently and did not require one on one therapist involvement yet 4 units of therapy was billed at each session.

Given the above, there is agreement with the prior denial of therapy services for these dates.

A description and the source of the screening criteria or other clinical basis used to make the decision:

Clinical review
Milliman Care Guidelines

Meta-analysis: exercise therapy for nonspecific low back pain. *Annals of Internal Medicine* 2005;142(9): 765–75.

Trunk muscle stabilization training plus general exercise versus general exercise only: randomized controlled trial of patients with recurrent low back pain. *Physical Therapy* 2005;85(3): 209–25.

Mini-intervention for subacute low back pain: two-year follow-up and modifiers of effectiveness. *Spine* 2004;29(10): 1069–76

Systematic review: strategies for using exercise therapy to improve outcomes in chronic low back pain. *Annals of Internal Medicine* 2005;142(9): 776–85

A randomized trial of medical care with and without physical therapy and chiropractic care with and without physical modalities for patients with low back pain: 6-month follow-up outcomes from the UCLA low back pain study. *Spine* 2002;27(20): 2193–204