



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

## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### Retrospective Medical Necessity

#### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> ( X ) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor's Name and Address:	MDR Tracking No.: M5-07-0659-01
Rehab 2112 P. O. Box 671342 Dallas, TX 75267-1342	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:  BOX 42	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): "CCH D&O nullifies the peer review. 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: "There were no medical records submitted with the dispute. Therefore, no additional allowance is recommended since the provider has not proven medical necessity of the work hardening program."

Principle Documentation:

1. DWC-60 Response

#### 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)
5-31-06 – 7-3-06	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 for the IRO and is not entitled to reimbursement for the services involved in this dispute.

Findings and Decision by:

Medical Fee Dispute Officer

3-14-07

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.**



Specialty Independent Review Organization, Inc.

Amended report of 3/6/07

03/02/2007

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

Patient:  
DWC #:  
MDR Tracking #: M5-07-0659-01  
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

The above-mentioned patient was injured on the job on \_\_\_ while employed with \_\_\_\_\_. She measures 5'4" and weighs 284 pounds. The treating doctor is Lou Saucedo, DC. An MRI in February of 2006 indicates mild DJD of the lateral and patello-femoral articulations, grade 1 tear of the posterior horns of both the medial and lateral menisci, mild swelling and bakers cysts. She underwent active rehabilitation, passive therapy and a work hardening program. The patient was placed at MMI on 4/18/06 by the designated doctor. A CCH concluded that the compensable injury includes the torn left knee bilateral menisci.

#### RECORDS REVIEWED

Records were received and reviewed from the requestor and from the respondent. Records from the respondent include the following: SOAP notes by Dr. Saucedo from 02/20/06 through 6/7/06, request for recon of 5/9/06, PPE of 3/10/06, WH daily notes and visit log reports from 5/31/06 through 06/07/06, 2/17/06 exam sheet, various TWCC 73's, rad report of 2/18/06, FCE billing, FCE 5/24/06, notes from J. Laughlin, DO of 8/2/06, various EOB's, notes from LT Johnson, MD, DWC Preauth report and notification forms, DD report of 4/18/06 by B. Strain, MD, 4/5/06 note from unknown party, 3/10/06 Marlon Padilla, MD, 2/28/06 MRI report, prescription for DME of 4/1/06, 3/7/06 peer review by B. McKechnie, DC and 2/22/06 initial report by Dr. Saucedo.

Records from the requestor include the following: (in addition to those already mentioned above) 11/15/06 MDR request form, 11/6/06 CH, LMN of 8/9/06, various EOBs, various HICFA 1500, SOAP notes 02/16/06 through 12/6/06, WH daily notes through 5/31/06 through 6/30/06, case management summaries 6/6/06 to 7/5/06, psychology group notes 06/06/06 through 6/27/06, rehab 2112 pt release worksheet, preauth request of 12/6/06, 12/6/06 PPE, PPE 9/18/06, 9/20/06 preauth request, 8/23/06 note by Dr. Laughlin, various objective forms (Oswestry, pt responsibility and orientation forms, BRC report, 7/3/06 FCE, J. Selby PHD notes of 5/25/06, 4/3/06 letter of causation, work excuse by S Navarro, DDS, 3/10/06 PPE and handwritten notes from 3/7/06 to 9/5/06. Over 467 pages were included; those listed above are those that are most important in the decision listed below.

#### DISPUTED SERVICES

The services under dispute include a work hardening program (97545-WH-CA and 97546-WH-CA) and an FCE (97750-FC) from 5/31/06 through 7/3/06.

## DECISION

The reviewer agrees with the previous adverse determination.

### BASIS FOR THE DECISION

According to the notes the patient reports a PDL of 30 pounds, which would indicate a medium PDL according to the USDOL guidelines. The patient had been under active care since around 3/15/06. Progress has been slow for this patient as she went through this active rehabilitation program. For example, her PDL is still at sedentary according to the letter by Dr. Souder of 11/15/06. She is a Food Service Assistant while at work. Her main restrictions were an inability to stand or walk for an appropriate amount of time secondary to pain. The CCH decision indicates that the meniscal injury is appropriate; however, in reviewing the records, the reviewer does not feel there is a high enough medical probability/evidence that this service provided the desired result in a reasonable amount of time.

The requirements for a work hardening program include the following according to the Council on Chiropractic Physiologic Therapeutics and Rehabilitation Guidelines and Industrial Rehabilitation-Techniques for Success by Robin Saunders, PT.

- 1) Psychological component (that will not affect outcome of treatment)
- 2) Less than optimal PDL (physical component)
- 3) A job to return to or a job oriented goal
- 4) The job goal is attainable in less than eight weeks
- 5) The program is not medically contraindicated

The entrance criteria per DWC include the following:

- 1) Persons who are likely to benefit from the program.
- 2) Persons whose current levels of functioning due to illness or injury interfere with their ability to carry out specific tasks required in the workplace.
- 3) Persons whose medical, psychological or other conditions do not prohibit participation in the program.
- 4) Persons who are capable of attaining specific employment upon completion of the program.

The patient did not meet requirement numbers one, three and four of the CCPTR guidelines or criteria one, three and four of the DWC guidelines according to the records; therefore, she does not qualify for a return to work program of a multidisciplinary nature as per accepted clinical protocols. The patient has not moved from a sedentary PDL in 3 months of therapy and it is not reasonable to assume she would have moved from a sedentary PDL to a medium PDL within 8 weeks of a RTW program.

The reviewer wishes to note that a work hardening program may be necessary for this person in the future; however, at the time of service it was not medically necessary. A return to work program is to be utilized when the patient is to return to work immediately following the program. According to ODG, "Work Hardening should be work simulation and not just therapeutic exercise, plus there should also be psychological support. Work Hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. Work Hardening programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual's measured tolerances."

### REFERENCES

ODG Guidelines

Council on Chiropractic Physiologic Therapeutics and Rehabilitation Guidelines

Saunders, R Industrial Rehabilitation-Techniques for Success, Saunders Group, 1995

TWCC MFG entrance criteria for WH

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 \_\_\_\_ 6th \_\_\_\_ day of \_\_ March \_\_, 2008 \_\_**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative: Wendy Perelli**