

## **IRO – AMERICA - Ziroc**

September 23, 2003

TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

Patient:

TWCC #:

MDR Tracking #:

IRO #:

M5-03-3133-01

5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc 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 Ziroc 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**

This patient was injured on his job when he was moving a pallet on a jack up a ramp and hyper-extended his left knee. His symptoms included swelling and pain along with a "locking" of the knee. The patient did not fall from the injury, from the records presented. MRI was performed and indicated that there was a tear of the medial meniscus and he eventually underwent an arthroscopy on July 12, 2002 and was treated with physical therapy afterward, upon the prescription of his surgeon.

### **DISPUTED SERVICES**

Under dispute is the medical necessity of therapeutic exercises, neuromuscular re-education, myofascial release, group therapeutic procedures, and aquatic therapy from 7/31/02 through 8/22/02.

## DECISION

The reviewer disagrees with the prior adverse determination.

## BASIS FOR THE DECISION

This patient was post surgical by only days when the disputed treatment began. The prescribing physician was well within any and all existing guidelines by prescribing physical medicine for about six weeks after the surgical intervention. The care rendered was appropriate, especially considering the efficient diagnostic methodologies used by the treating doctor. Also, the care was reasonably short and made the best use of the most efficient methods of treatment available. Considering the fact that this care was conservative in nature and did not even approach, much less exceed, the existing standards of care, the reviewer finds that this care was reasonable and necessary.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,

Nan Cunningham  
President/CEO

CC: Ziroc Medical Director