

MDR Tracking Number: M5-04-2404-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 4-2-04.

The requester submitted a withdrawal, dated 10-01-04, for dates of service 12-01-03 through 2-6-04. CPT Codes 97110 and 97112 were found only on those dates of service which were withdrawn. Therefore, they will not be considered in this review.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits, electrical stimulation, ultrasound, massage therapy, paraffin bath, gait training, hot/cold pack therapy and aquatic therapy from 9-23-03 through 11-21-03 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Finding and Decision is hereby issued this 4<sup>th</sup> day of October, 2004.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees:

- in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (b);
- plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is applicable for dates of service 9-23-03 through 2-6-04 in this dispute.

This Order is hereby issued this 4<sup>th</sup> day of October, 2004.

Hilda H. Baker, Manager  
Medical Dispute Resolution  
Medical Review Division

HB/da

July 22, 2004

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

Patient:  
TWCC #:  
MDR Tracking #: M5-04-2404-01  
IRO #: 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 while working as a teaching assistant for the \_\_\_ when a child in a wheel chair struck the back of her ankles, causing her to fall down a ramp and injuring her ankles and thoracic spine. MRI of the left ankle noted a possible partial tear of the Achilles tendon of the left ankle along with effusion. On the right ankle there was tissue edema noted. She was treated with physical medicine and chiropractic therapy by Dr. A at the \_\_\_ center. He referred to Dr. M for pain management, who prescribed medication, indicated that a work hardening program was

necessary and he also requested a thoracic MRI. Records indicate that the patient was evaluated by Dr. S on 2/17/2004 at the request of the carrier and he indicated that the patient was about 3 months from being able to return to full duty. Dr. V evaluated the patient as a commission appointed designated doctor on March 25, 2004 and found her at MMI with 5% impairment, but limited her work to a light duty restriction. A peer review was performed by Dr. C , who found no need for any form of chiropractic services in this case. A review by Dr. P, concurred with this opinion.

#### DISPUTED SERVICES

The carrier has denied the medical necessity of office visits, electrical stimulation, ultrasound, massage therapy, paraffin bath, gait training, hot/cold pack therapy, aquatic therapy, therapeutic exercises and neuromuscular re-education from September 23, 2003 through February 6, 2004.

#### DECISION

The reviewer disagrees with the prior adverse determination.

#### BASIS FOR THE DECISION

The therapy rendered clearly was helping this patient to make progress toward a return to work. A patient in this age group with a tear of the Achilles tendon along with lumbar and thoracic injuries would clearly require significant treatment and rehabilitation for such injuries. The therapies rendered were done so as to get the patient into a work situation as quickly as possible, but considering the RME report and the designated doctor report, the injuries in this case were severe enough to warrant light duty even after MMI was assessed. Records presented do indicate that the patient was making steady progress, although the reviewer expresses concern about the quality of computerized notes and the details available in such notes. Such documentation may have given the peer reviewers for the carrier a cause for concern, but to deny any and all treatment as was done by Dr. C would indicate a failure to consider all of the documentation on the case and would lead to a lack of credibility of such a report, especially when one considers that there were numerous providers who concurred with the treating doctor's treatment plan. As a result, the reviewer finds that the care rendered was necessary for the patient's return to work.

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,