

MDR Tracking Number: M5-04-2572-01

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 (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 4-19-04.

Date of service 4-17-03 is outside the one-year time frame pursuant to Rule 133.307(d). The requestor failed to timely file a request for medical dispute resolution for this date of service.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity for office visits, therapeutic exercises, therapeutic activities, myofascial release, joint mobilization, neurological re-education and manual therapeutic techniques from 4-22-03 through 12-31-03. 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.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

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, therapeutic exercises, therapeutic activities, myofascial release, joint mobilization, neurological re-education and manual therapeutic techniques from 4-22-03 through 12-31-03 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 4-22-03 through 12-31-03 in this dispute.

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 Decision and Order is hereby issued this 14th day of July 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

June 22, 2004
Amended June 24, 2004

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

Patient:
TWCC #:
MDR Tracking #: M5-04-2572-01
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

___ was injured when she slipped and fell at work, landing on her face and right upper extremity. She suffered laceration to the head and injuries to the right upper extremity.

DISPUTED SERVICES

In dispute is medical necessity of office visits, therapeutic exercises, therapeutic activities, myofascial release, joint mobilization, neurological re-education and manual therapeutic techniques from 4/22/03 through 12/31/03.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

There would appear to be a prolonged treatment period for this patient until you closely inspect the treatment notes. These procedures were performed first on the cervical region. At this time, the patient's wrist/thumb was in a cast, therefore no rehabilitation was performed on the upper extremity. When the patient's cervical symptoms had subsided, the elbow, wrist & hand were then placed in a rehabilitation program. The patient had surgical procedures and the rehabilitation was suggested by the surgeon. At the time that the elbow/wrist/hand symptoms improved, the shoulder injury was treated. The MRI showed a rotator cuff tear and surgery was recommended. Post-surgical rehabilitation would also be necessary to rehabilitate the shoulder region following the procedure.

The reviewer finds that all of these procedures were medically necessary and were only carried out in a prolonged fashion due to the nature of the patient's injuries. The treating doctor used due diligence in treating these injuries in accordance with the needs of the patient and the instructions of the surgeon.

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,