

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 April 19, 2004.

Correspondence submitted by ____, revealed Dr. V desires to withdrawal the fee issues. Therefore no further action is required on the fee issues.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the computer data analysis, level II office visits with manipulations, Level IV office visits, manual traction, joint mobilization, myofascial release, therapeutic exercises, chiropractic manipulative therapy-spinal 1-2 regions, neuromuscular re-education, manual therapy techniques, unlisted procedures nervous system, prolonged physician services, unlisted modalities, therapeutic activities, application of modality-1 or more areas, hubbard tank, hot/cold pack therapy, mechanical traction and electrical stimulation unattended were not found to be medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

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. As the computer data analysis, level II office visits with manipulations, Level IV office visits, manual traction, joint mobilization, myofascial release, therapeutic exercises, chiropractic manipulative therapy-spinal 1-2 regions, neuromuscular re-education, manual therapy techniques, unlisted procedures nervous system, prolonged physician services, unlisted modalities, therapeutic activities, application of modality-1 or more areas, hubbard tank, hot/cold pack therapy, mechanical traction and electrical stimulation unattended were not found to be medically necessary, reimbursement for dates of service rendered 5/15/03 through 1/26/04 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 22nd day of October 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

July 26, 2004

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

Patient:
TWCC #:
MDR Tracking #: M5-04-2582-01
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

The patient was injured on her job when she was working with a microscope and stood up to reach for paperwork and tried to sit back down. The chair slipped from underneath her and she fell flat on her back. Records indicate that she hit her head on the floor. She went to the ___ Hospital the next day and was referred to her doctor. Shortly after that she began seeing Dr. V, who prescribed intense physical medicine for her. She was prescribed treatment to consist of 6 times per week for 2 weeks and 3 times per week for 6 weeks. This would total 30 visits in 8 weeks. However, the difficult part to comprehend is that the 30 visits were prescribed in May of 2004. Regardless, clearly the patient was treated in 2003 throughout the dates of dispute for multiple visits per week. MRI of May 16, 2003 indicates that there is a bulge at C4-5, C5/6 and C6/7, all of which are small. The MRI of the lumbar spine indicates small protrusions at L4/5 and L5/S1. Electrodiagnostic studies are indicative of a bilateral carpal tunnel syndrome and a L5 radiculopathy. There is no indication that this patient was being treated for the carpal tunnel syndrome. ___ was placed at MMI with 10% impairment by Dr. F. This was for DRE II lumbosacral and cervico-thoracic.

DISPUTED SERVICES

Under dispute is the medical necessity of computer data analysis, level III office visits with manipulations, Level IV office visits, manual traction, joint mobilization, myofascial release, therapeutic exercises, chiropractic manipulative therapy—spinal 1-2 regions, neuromuscular re-education, manual therapy techniques, unlisted procedures nervous system, prolonged physician services, unlisted modalities, therapeutic activities, application of modality-1 or more areas, hubbard tank, hot/cold pack therapy, mechanical traction and electrical stimulation—unattended from May 15, 2003 through January 26, 2004.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

There is no reason found for the extremely high levels of utilization on this particular case. The office notes are computerized and description of each and every modality, but no rational reason is given for this patient to have had this type of extensive treatment. While she did have some bulges, clearly these were not likely to be neurogenic generators of pain. It is certain that the patient was injured and reasonable amounts of treatment are not denied by the reviewer, but the excessive amounts of treatment on this case did not lead to a positive outcome for the patient in a realistic amount of time. There are no physical medicine guidelines that cover the high levels of treatment rendered by this doctor and the treatment rendered is found to not comply with the existing standards of care in the chiropractic community.

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,