IRO – AMERICA - Ziroc

July 12, 2004

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

Patient:
TWCC #:
MDR Tracking #: M5-04-2711-01
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 documentation presented states that Mr. ____ was injured at his job on 05/__/03 when he was pivoting on is left leg to place some merchandise on a table. The documentation reflects the patient tripped over himself and fell on his left knee. He initially sought care at Concentra where he was diagnosed with a knee contusion and prescribed two weeks of physical therapy. The documentation states a previous left knee surgery was performed on this patient in 1999. Mr. _____sought care at Main Rehab and Diagnostics with Dr. Bedford for conservative care. He was referred for an MRI of the left knee on 05/19/03 that displayed an osteochondral defect, partial thickness oblique tear of the body of the posterior horn of the medial meniscus. The tear was noted to extend to the inferior articular surface in the middle 1/3 of the meniscus. There was also noted a questionable tear of the ACL. The patient was then referred to Dr. Chavda for surgical considerations and he opined that this patient's condition warranted surgical intervention.

The patient did undergo surgery on 06/03/03 with Dr. Chavda. The post-operative report from Dr. Chavda noted the meniscal tear and that the ACL was frayed/torn 30%. Mr. ___ was then prescribed post-operative physical therapy. The records reflect the patient did undergo a designated doctor's examination on 06/13/03 with Dr. Moreno, who opined the patient was not at MMI and that he should continue physical therapy. Dr. Moreno also stated the patient should be at MMI in the next 8-12 weeks.

The records reflect FCE reports that were reviewed and that the patient did undergo work hardening for his work related injury. The documentation also shows the patient was put at MMI with a 6% whole person impairment rating by Dr. Bedford on 10/17/03.

DISPUTED SERVICES

Under dispute is the medical necessity of unlisted procedure (95999-wp), level II and III office visits, therapeutic exercises, physical performance test and work hardening from 05/21/03 through 10/30/03.

DECISION

The reviewer agrees with the prior adverse determination regarding the unlisted procedure code and the use of the continual office level II and III visit codes and the physical performance test.

The reviewer disagrees with the prior adverse determination regarding the therapeutic exercises and the work hardening program.

BASIS FOR THE DECISION

The Ziroc reviewer does not find medical necessity of the unlisted procedure code and the use of the continual office level II and III visit codes, which are considered established patient exam codes. These codes are to be used once a month for assessment of patient progress, therefore one code a month would be warranted and medically necessary. The reviewer disagrees with the medical necessity of the physical performance tests due to the fact that the functional capacity tests provided more than enough data regarding this patient's response to care.

The reviewer finds medical necessity for the therapeutic exercises and work hardening for the dates in dispute. The treatment provided to this patient in the form of active strengthening and work hardening displayed a continual positive response based on the objective documentation from the FCE results and would be considered warranted based on the documentation presented.

Current studies out of Vanderbilt and from Cincinnati Sports Medicine Research Department would warrant care up to six months for an injury with this type of pathology noted from the post-operative report. This determination also falls within the Mercy Fee Guidelines (for a trial of treatment), RAND studies, Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters, and well within the mainstream of the medical 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,
Nan Cunningham
President/CEO

CC: Ziroc Medical Director