

MDR Tracking Number: M5-04-2929-01

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 05-07-04. Dates of service 03-05-03 through 05-06-03 were untimely filed per Rule 133.308(e)(1). CPT codes 95851 and 95834 for date of service 06-24-03 were withdrawn on 08-06-04 by Jennifer Davidson with Southeast Health Services.

The Medical Review 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 office visits, myofascial release, aquatic therapy, physical medicine procedure, vasopneumatic device therapy, hot/cold pack therapy, therapeutic exercises and manual therapy techniques were not 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 fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 05-23-03 through 09-23-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 12th day of August 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

August 5, 2004

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

Patient:
TWCC #:
MDR Tracking #: M5-04-2929-01
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 initially injured on ____, though a detailed history of that injury was not provided. Records indicate that the patient had a cervical discectomy and fusion at C5/6 and C6/7 in 2001 and a posterior lumbar fusion at L4/5 in June 2002. The patient had to have his lumbar laminectomy redone on 10/13/03. ____ was rated at statutory MMI with a 29% whole person impairment and has been unable to return to work. Surgeon Dr. V had recommended aquatic therapy and passive therapy be continued on this patient, yet in Dr. V's office notes there is no mention of any request for additional therapies. Subjectively during the time in question the patient's symptoms are up and down continually. Objectively on reexaminations dated 06/24/03 and 08/26/03 some objective signs show improvement and some show regression.

DISPUTED SERVICES

Under dispute is the medical necessity of office visits, myofascial release, aquatic therapy, physical medicine procedure, vasopneumatic device therapy, hot/cold pack therapy, therapeutic exercises and manual therapy techniques from 05/23/03 through 09/23/03.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The disputed services from 05/23/03 through 09/23/03 are deemed to be medically unnecessary. Records reviewed do not indicate any cure or lasting relief from this treatment. Care did not promote recovery or return this patient to work. The Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters, and The Trailblazers, a Center for Medicare and Medicaid

Systems Contractor, March 14, 2003 Physical Medicine and Rehabilitation for Orthopedic Musculoskeletal and Neurologic injuries, Medicare Newsletter were utilized in the evaluation of this case.

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,