

MDR Tracking Number: M5-04-3049-01

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 May 14, 2004.

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 E0236 pump for water circulating pad, K0115 seating system, E0215 electric heat pad, E0249 pad for water circulating unit, E0977 wedge cushion for wheelchair, E1399 DME, E0230 ice cap or collar, E0745 neurostimulator electric shock unit, L0500 lumbar-sacral orthosis and A4556 electrodes (pair) 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 Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for dates of service from 07-30-03 to 10-30-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 16th day of August 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

July 21, 2004

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

Patient:
TWCC #:
MDR Tracking #: M5-04-3049-01
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 Medical Doctor board certified and specialized in Physical Medicine and Rehabilitation. 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 38 years of age at the time of his motor vehicle accident on ____. Reportedly a pickup truck collided into the right side of his 18-wheeler, causing the onset of neck and back symptoms. The patient was seen fairly quickly at “The Doctor’s Clinic” chiropractic office in Corpus Christi.

DISPUTED SERVICES

Under dispute is the medical necessity of E0236 pump for water circulating pad, K0115 seating system, E0215 electric heat pad, E0249 pad for water circulating unit, E0977 wedge cushion for wheelchair, E1399 DME, E0230 ice cap or collar, E0745 neurostimulator electric shock unit, L0500 lumbar-sacral orthosis and A4556 electrodes (pair).

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

Three days after the collision, multiple DME items were prescribed for this patient. These items were quite unjustified. It would be fairly impossible to, with proper appropriateness, prescribe this multitude of items at that time. Records do not support justification for such items at any time during the case. Such prescriptions are out of proportion to the degree of the soft tissue injury.

The records provided were reviewed in detail. He had two cervical epidural injections, and when seen in January 2004 by Dr. T, pain management, he’d had a good recovery.

Early in the course of his frequent visits to the chiropractic office there were multiple repetitive office reports, each of which say in the patient report, “*He does not need special time to speak*”

with the doctor today about his treatment – or progress.” This appears very odd, presuming bills for doctor visits were submitted.

The treatment plan listed on page two of each visit in the chiropractic notes repeats the statement, *“Benefits and necessity of massage have been well-established for numerous decades.”* This seems a very inappropriate and redundant statement for an office visit/therapy report, again apparently the product of a repetitive computer-generated apparatus.

The reviewer did not find mentioned in the narratives justification for the needs of the multiple DME items in question.

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,