

MDR Tracking Number: M5-04-3177-01

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, 133.307 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. This dispute was received on 05-21-04.

The IRO reviewed office visits with manipulation, joint mobilization and myofascial release rendered from 05-22-03 through 07-08-03 that were denied based "V".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 07-12-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

CPT code 99080-73 on date of service 05-22-03 denied with an F denial code. The respondent did not raise any other denial reasons. Per Rule 133.106(f) reimbursement in the amount of \$15.00 is recommended.

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for date of service 05-22-03 in this dispute.

This Findings and Decision and Order are hereby issued this 18th day of August 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

August 11, 2004

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

Patient:
TWCC #:
MDR Tracking #: M5-04-3177-01
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

Based on an impairment rating done by Dr. P on 12/12/02, this patient sustained a repetitive strain type of injury to her left shoulder from typing. There was no initial documentation from the treating doctor. Apparently, the patient had some cervical complaints also. She went through a considerable amount of passive and active treatment. She reached MMI on 12/17/02 and had not been seen since October of '02. She reported an exacerbation March 19 and again on May 22, June 26, July 1 and July 8, 2003.

DISPUTED SERVICES

Under dispute is the medical necessity of office visits with manipulation, joint mobilization and myofascial release provided from 05/22/03 through 07/08/03.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

This dispute encompasses four visits. In review of the office notes from these days, the reviewer denotes the use of the term aggravation on 05/22/03. This, in part, was the justification used for that day's treatment, along with subjective soft signs of left trapezius and rhomboid trigger points with increased cervical spine tone. The patient was treated passively and told to return in one month.

The clinical findings are vague and nonspecific, and the term *aggravation* has been used inappropriately here. This generally represents a new injury as opposed to an exacerbation, flair-up, relapse and/or recurrence. ___ was also placed at a one-month follow-up, which is not an appropriate interval for the treatment of a flair-up and appears to be something more like a preventative/maintenance visit, neither of which is reimbursable under workers' compensation.

Therefore, the reviewer finds that the office visits were not appropriately justified to establish medical necessity based on the documentation presented for review. The 07/01/03 visit is a follow-up to the 06/26/03 visit, and is therefore by default not documented as medically necessary. At that time, the patient was placed on an "as needed" basis. She did follow up one week later, but it does not give a reason for her presentation and no assessment was given. This visit too was found not to be medically necessary, as it was inappropriately documented. Therefore, it was also medically unsubstantiated.

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,