THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-05-2059.M5

MDR Tracking Number: M5-04-3724-01

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. This dispute was received on 6-28-04.

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 office visits, joint mobilization, myofascial release, ultrasound, electrical stimulation, inject tendon, therapeutic procedures, manipulation, massage, unlisted therapeutic procedures, unclassified drugs, and hot-cold pack from 7-3-03 through 7-24-03 were not medically necessary. Therefore, the requestor is not entitled to a reimbursement of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were not the only fees involved in the medical dispute 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 9-28-04 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.

- The carrier denied CPT Code 99213 with an "F. In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service. Therefore, **reimbursement is recommended in the amount of $48.00.**

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fee on 7-24-03 as listed above:

- in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003;
- plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 21st day of October 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

September 10, 2004
Amended September 24, 2004

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

Patient:
TWCC #:
MDR Tracking #: M5-04-3724-01
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.

RECORDS REVIEWED

Initial evaluation of Dr. K, DC, Consultation, office visits, treatment logs, TWCC forms of Dr. B, DC, Narrative and follow-up office visits of Dr. L, MD, treatment notes of Dr. F, MD and Dr. W, MD (including surgical), X-ray and MRI reports (cervical and right shoulder) by San Antonio Diagnostic Imaging and daily treatment notes of ___, OTR.

CLINICAL HISTORY

The patient is a computer entry service representative for and had worked in her job for over 22 years when she suffered a gradual onset of pain in her right

shoulder and hand. She sought out treatment from Dr. B at the Neuromuscular Institute of Texas.

Treatment consisted of physical medicine, as well as trigger point injections to the cervical and right shoulder muscles. She was evaluated by a neurologist, Dr. L, MD, and was diagnosed with carpal tunnel syndrome. He also had ordered a MRI which indicated a C5/6 disc protrusion that is referred to as a diffuse bulge. MRI of the shoulder did not indicate a rotator cuff tear, but a mild acute tedinopathy was noted. Dr. F, MD, examined her on April 3, 2003 and found full range of motion in the neck, good grip strength in the hands and limitations on the Ranges of Motion in the right shoulder. He assessed a myofascial pain syndrome due to her work-related injury. He prescribed Hydrocodone/APAP 5/500 and Carisprodol 350mg. An orthopedic surgeon, Dr. W, MD, diagnosed a shoulder impingement syndrome and recommended that she return to his office in 3 months to consider surgery. The patient did indeed undergo that surgical procedure on October 15, 2003 and was indeed found to have an impingement syndrome.

DISPUTED SERVICES

The carrier has denied the medical necessity of joint mobilization, myofascial release, ultrasound, electrical stimulation, inject tendon, therapeutic procedures, manipulation, massage, unlisted therapeutic procedure, unclassified drugs, office visit and hot/cold pack from 7/3/2003 through 7/24/2003.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The patient had been treated extensively by the treating clinic for over 3 months at the time this dispute period begins. As a result, the services that were rendered should have demonstrated a significant improvement in the patient's condition, but instead they demonstrated little or no improvement. The PT notes that are presented indicate steady pain of level 4 to 5 out of 10. There is no indication that the patient was getting better from these services. In fact the patient eventually underwent surgical repair of the shoulder. It should have become obvious after looking at the extensive medical treatment (to include narcotics) that this patient was not responding to the physical medicine services that were rendered. As a result, the care is found to be neither reasonable nor necessary by the reviewer.

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,