MDR Tracking Number: M5-04-4280-01

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 8-18-04.

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 the prescription medication Hydrocodone/Apap dispensed from 4/06/04 through 7/01/04 was not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the service listed above was not found to be medically necessary, the request for reimbursement for dates of service 4/06/04 through 7/01/04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 20th day of October 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

October 13, 2004

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

Patient:
TWCC #:
MDR Tracking #: M5-04-4280-01
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 Osteopathy board certified in anesthesiology and specialized in chronic pain management. 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

Disputed services, Zenith correspondence, reviews by Dr. C, Dr. A and Dr. Ch, and desperate resolution correspondence.

CLINICAL HISTORY

On ___ a work-related fall resulted in this patient's complaints of left shoulder and knee pain. The shoulder was operated in March 2001 and again in April 2002 after a lengthy course of conservative therapy that included physical therapy. Arthroscopic left knee surgery was performed in August 2001. That also was preceded by exhaustive conservative measures.

DISPUTED SERVICES

Under dispute is the medical necessity of Hydrocodone/APAP form 04/06/04 through 07/01/04.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

There is no information within the materials reviewed that discussed a treatment plan with continued use of narcotic analgesics. There is no discussion of the presence of therapeutic benefit, side effect profile or improvement in function as a result of the therapy in question. Without such information, the reviewer cannot find any indication that such therapy is reasonable or medically necessary.

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,