

IRO America Inc.

An Independent Review Organization

(IRO America Inc. was formerly known as ZRC Services Inc. DBA ZiroC)

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August 23, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #:

M5-05-2486-01

IRO #:

5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission (TWCC) has assigned this case to IRO America for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America has performed an independent review of the proposed care 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; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed Provider, board certified and specialized in Chiropractic care. The reviewer is on the TWCC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who 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 IRO America 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

Notification of IRO assignment, information provided by Requestor, Respondent, and Treating Doctor(s) including: Clinical Review by Virginia Cullipher RN, Peer review from George Sage DC, Peer Review from Geoffrey Ndeto MD, Medical Evaluation from Gaston Machado MD, NCV/EMG from M. Ramirez MD, Operative report dated 12/12/2003 from West Houston surgicare, notes from Concentra Medical Centers, Medical Evaluation and follow-up evaluation from Downtown Performance Rehabilitation, medical notes from Jacob Varon MD, physical exam from Issan Shanti MD, FCE from Mary Spires DC, Bone Scan from George Boutros MD, Evaluation from Jeffery Budoff MD, Operative report dated 6/08/2004 from First Street Surgical Center.

CLINICAL HISTORY

This is a patient who is a 47 year-old female who was injured August __, 2003. She was sewing and pulling material to the sewing area and machine. She struck her left wrist and hand on the sewing machine on the left wrist. She developed a popping sensation in the left wrist. She was seen immediately and treated in the emergency room.

DISPUTED SERVICE(S)

Under dispute is the retrospective medical necessity of 97110- Therapeutic Exercises, 97112-Neurologic Re-education, 99211-Office Visit, 97018-Paraffin Bath, 97140 Manual Therapy Technique, 97530-Therapeutic Activities

DETERMINATION/DECISION

The Reviewer, partially agrees with the determination of the insurance carrier. The Reviewer agrees with the insurance carrier on the following: 97110- Therapeutic Exercises, 97018-Paraffin Bath, 97140-Manual Therapy Technique, 97530-Therapeutic Activities; the Reviewer disagrees with insurance carrier on the following: 97112-Neurologic Re-education, 99211-Office Visit.

RATIONALE/BASIS FOR THE DECISION

The Reviewer agrees with the peer review doctor, George Sage, DC, that physical therapy such as the therapeutic activities, therapeutic exercises and manual therapy techniques are not recommended since the patient had completed at least 23 physical therapy visits with another facility previously, with unsatisfactory results. This patient could have easily participated in a home exercise/therapy program. As far as the paraffin bath, this treatment is not recommended for the diagnosis given. The neurological re-education would be within acceptable treatment as this would not be a redundant service from the previous attempt at rehab. The office visit would be acceptable to provide the re-education to the injured body part.

Screening Criteria

General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by TWCC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by mail or facsimile, a copy of this finding to the TWCC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer