

MDR Tracking No.: M5-05-0593-01

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 10-20-04.

The Requestor submitted an updated table of disputed services on 03-18-05 and will be used for this review.

The IRO reviewed office visits, manual therapy technique, neuromuscular re-education, hot/cold pack therapy, aquatic therapy, whirlpool therapy, ultrasound therapy, electrical stimulation other than wound, manual therapy, massage therapy and therapeutic exercises rendered from 06-14-04 through 09-16-04 that were denied based upon "V".

The IRO concluded that the hot/cold pack therapy on 07-08-04 and 09-07-04 and ultrasound on 09-09-04 (this service was not listed on the updated table of services received from the requestor on 03-18-05) **were not** medically necessary. The IRO concluded that all other treatment and services (office visits, manual therapy technique, neuromuscular re-education, hot/cold pack therapy, aquatic therapy, whirlpool therapy, ultrasound therapy, electrical stimulation other than wound, manual therapy, massage therapy and therapeutic exercises) in dispute **were** medically necessary. The hot/cold pack therapy will not be included in the order for reimbursement as this is a bundled service code and considered an integral part of a therapeutic procedure(s). The total amount of reimbursement recommended for the medical necessity issues is **\$2,534.85**.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the **majority** of issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

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 11-18-04, 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 dates of service 07-30-04 and 08-16-04 denied with denial code "V" (unnecessary medical with peer review). Per Rule 129.5 the TWCC-73 is a required report and is not subject to an IRO review. Reimbursement is recommended in the amount of **\$30.00**. A Compliance and Practices referral will be made as the carrier is in violation of Rule 129.5.

This Findings and Decision is hereby issued this 3rd day of May 2005.

Medical Dispute Resolution Officer
Medical Review Division

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 for dates of service 06-14-04 through 09-16-04 totaling \$2,564.85 in accordance with the Medicare program reimbursement methodologies effective August 1, 2003 per Commission Rule 134.202(c), plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

This Order is hereby issued this 3rd day of May 2005.

Medical Necessity Team Manager
Medical Review Division

Enclosure: IRO Decision

Z iro C

A Division of ZRC Services, Inc.

7626 Parkview Circle

Austin, Texas 78731

Phone: 512-346-5040

Fax: 512-692-292

REVISED

REVISED

REVISED

April 26, 2005

April 11, 2005

March 15, 2005

February 28, 2005

Rosalinda Lopez
TWCC Medical Dispute Resolution
VIA FAX (512) 804-4868

Patient: _____
TWCC #: _____
MDR Tracking #: M5-05-0593-01
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 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. This case was reviewed by a physician licensed in 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

TWCC-60 and Table of Disputed Services.
Evaluations, consultation, progress notes, and testing from Requestor
Summary of position and medical record reviews from Respondent

CLINICAL HISTORY

The patient was driving an 18-wheeler truck when he was involved in a motor vehicle accident in which he was struck on the passenger side by another 18-wheeler truck. This impact caused his cab to cross lanes, and he was hit by another truck on the driver's side. As a result of the impact, the cab was knocked off the highway into an embankment on the side of the road. He feels that he may have lost consciousness, but he is not sure.

REQUESTED SERVICE

Office visits, manual therapy tech, neuromuscular re-education, hot/cold pack therapy, aquatic therapy, whirlpool therapy, ultrasound therapy, electrical stimulation other than wound, manual therapy, massage therapy, and therapeutic exercises on 6/14/04 thru 9/16/04.

DECISION

The reviewer partially agrees with the determination of the insurance carrier as follows:

Not medically necessary:

Hot/cold pack on 07/08/04 & 09/07/04

Ultrasound on 09/09/04

Medically necessary:

All other treatment and services in dispute as stated above/

BASIS FOR THE DECISION

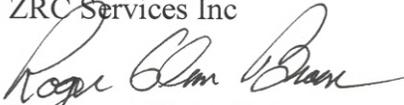
The records indicate that this patient sustained multiple injured areas and was involved in a significant motor vehicle accident on the job. As a result of this injury, he received appropriate diagnostic evaluation, testing, and treatment. There are sufficient objective findings clinically and diagnostic testing in the form of MRI scans and EMG studies, which clearly document the severity of this patient's injury to be way beyond a simple strain/sprain complex. National treatment guidelines allow for this type of treatment to be rendered for this type of injury. On each date of service, there is sufficient documentation to justify the services of almost all denied services that were rendered. The only exception would be the hot/cold pack-97010 rendered on 07/08/04 and 09/07/04, and the ultrasound-97035 rendered on 09/09/04. There is no clinical justification to utilize this specific passive therapy on these specific dates of service.

In conclusion, after reviewing all records that were provided, the Reviewer finds that there is appropriate sufficient documentation for the office visits on 06/14/04, manual therapy on 06/28/04 and 08/16/04, neuromuscular re-education on 06/30/04, electrical stimulation other than wound on 6/25/04, 07/07/04, 08/23/04, 08/26/04 and aquatic therapy on 07/14/04 and 08/30/04.

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.

Sincerely,
ZRC Services Inc



Dr. Roger Glenn Brown
Chairman & CEO

RGB:dd