

MDR Tracking #M5-05-1329-01

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 1-6-05.

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 therapeutic exercises and functional capacity evaluation from 2-18-04 through 3-10-04 were 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 services listed above were not found to be medically necessary, reimbursement for dates of service are denied and the Medical Review Division declines to issue an Order in this dispute.

This Finding and Decision is hereby issued this   13   day of April, 2005.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

DA/da  
Enclosure: IRO decision

**Z iro C**

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April 11, 2005

TWCC Medical Dispute Resolution  
Fax: (512) 804-4868

Patient: \_\_\_\_\_  
TWCC #: \_\_\_\_\_  
MDR Tracking #: M5-05-1329-01  
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 physician, DAAPM, FABDA, FICC and specialized in chiropractic care. 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**

Records from Respondent (City of Dallas c/o Harris & Harris)

**CLINICAL HISTORY**

Based on extensive information available, it appears that this individual was injured on \_\_\_ when he pulled a sleeve used for pipe breaks and another sleeve fell and struck his left knee. He was seen initially by a Nathaniel Watts, MD, on 09/25/03 for a contusion of the left lower leg. He was taken off work and given medications from 09/25/03 to 11/10/03. He later presented to a chiropractor, Ramesh Shanghani, DC, where x-rays were taken of the left knee and found consistent with degenerative changes from previous surgery. He was taken off work again through 11/24/03 and diagnosed with left knee sprain/strain and contusion. Only passive therapy applications were provided from 11/12/03 to 11/26/03. Then unspecified exercises were provided in addition to passive care beginning 12/01/03. Left knee CT scan of 11/25/03 also reveals degenerative joint disease and artifacts from previous surgery dating back to 1973. No evidence of fracture or dislocation is noted. The patient is seen by D.G. Edwards, DO, on 11/21/03 who recommends continuing conservative care with medications and MRI to rule out further complications. An additional course of active rehabilitation is prescribed for Rehab 2112 beginning 12/22/03 for left knee joint stiffness. Additional notes and rehab log reports suggest that the patient begins a multi-level rehab program beginning 02/10/04 through 04/22/04 with billing statements suggesting as many as 8 units of therapeutic exercise being performed. There are multiple chiropractic treatment plan notes submitted from 01/29/04 to 02/25/04 indicating that the patient performs non-specific stretching, box lift stations, carrying stations, bike and treadmill activities. There appears to be interim Functional Capacity Tests performed 04/07/04 and 05/10/04 by a Toney Bennett, DC, but at least, the 05/10/04 FCE, appears to be for entry into a work hardening program. There is a 05/17/04 impairment rating report submitted from Dr.

Bennett, but no specific 03/10/04 FCE is submitted for review. Available notes from 03/26/04 to 04/27/04 appear to suggest that this patient is entered into a work hardening program.

### **DISPUTED SERVICES**

Under dispute is the medical necessity of therapeutic exercise (97110) and Functional Capacity Evaluation (97750) for dates of service in dispute 02/18/04 through 03/10/04.

### **DECISION**

The reviewer agrees with the determination of the insurance carrier.

### **BASIS FOR THE DECISION**

There **does not** appear to be reasonable clinical rationale and appropriate documentation supporting medical necessity for (8 units) therapeutic exercise (97110) from 02/18/04 to 03/10/04 for this specific compensable injury at this phase of care. In addition, medical necessity for 97750 FCE performed on 03/10/04 **is not** supported by documentation provided. It is unclear as to whether some of these treatments and services were provided as part of a work hardening program based on documentation submitted. However, available documentation does not support this level of care specifically for this left lower extremity injury superimposed in pre-existing degenerative disorders at this phase post injury.

#### **References:**

1. Harris GR, Schonstein E, Kenny DT, Keating J, Koes BW. Work conditioning, work hardening and functional restoration (Cochrane Review). In: *The Cochrane Library*, Issue 2, 2004. Chichester, UK: John Wiley & Sons, Ltd.

Re: \_\_\_\_\_ (IRO)

2. Susman JL: "Managing musculoskeletal complaints with rehabilitation therapy" [Journal of Family Practice](#), Dec, 2002.

3. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Mercy Center Consensus Conference, Aspen Publishers.

4. [Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Physical Therapy](#), Volume 81, Number 10, October 2001.

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 a copy of this finding by facsimile to the TWCC.

Sincerely,  
ZRC Services Inc

  
Dr Roger Glenn Brown  
Chairman & CEO

RGB:dd