

MDR Tracking M5-05-1671-01

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 02-09-05.

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 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

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 from 04-22-04 to 05-17-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 9th day of May 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision

Z iro C

A Division of ZRC Services, Inc.

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May 5, 2005

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

Patient: _____
TWCC #: _____
MDR Tracking #: M5-05-1671-01
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 board certified 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

Progress notes from ErgoRehab, Physical Performance Exam by ErgoRehab, Impairment Rating by Dr Alan Tran MD, Progress notes by Dr. R Kashyap, ER report and X-ray report.

CLINICAL HISTORY

Motor vehicle accident on ____.

DISPUTED SERVICES

Under dispute is the medical necessity of Therapeutic exercises for dates of services 4/22/2004 through 5/17/2004.

DECISION

The reviewer agrees with the determination of the insurance carrier.

BASIS FOR THE DECISION

The diagnosis given to this patient for this case is cervical and lumbar sprain/strain. This is a self-limiting diagnosis in which there is limited time to treat based on the level of the sprain/strain. It appears from the notes that the patient did not receive treatment until one month post injury, indicating the non-seriousness of the injury. If the need for full physical therapy with a physical therapist in a rehab facility is considered medically necessary, then the diagnosis should have been upgraded. The Reviewer does agree that this patient could have been given home exercises to increase his functional capacity. The PPE that was performed indicated that this

patient would benefit from additional treatment, but there was no PDL or PDC given to support that recommendation. In addition, it appears from the notes reviewed that the "reimbursement specialist", Ms. Bullock from the rehab facility, was allowed to comment on the medical necessity of treatment and appears sarcastic in her comments regarding CMS and TWCC policy. This further degrades the validity of treatment and the Work Comp system in Texas. The opinions given in these types of cases should be based on medical necessity by professionals and not "collection specialists".

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