

Ziro C

A Division of ZRC Services, Inc.

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June 6, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #: M5-05-1802-01

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 provider board certified and specialized 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

- A. Information from Requestor, Respondent, and Treating Doctor including: Right shoulder MRI, Operative report from Mark Maffet MD, chest and lumbar x-rays from Downtown Plaza Imaging Center, Lumbar discogram from Downtown Plaza Imaging Center, Lumbar ESI from Downtown Plaza Imaging Center, CT scan from the Downtown Plaza Imaging Center, Lumbar MRI, Thorax MRI, Rib X-rays, exam and office notes from Guy Fogel MD, correspondence notes from Mark Maffet MD, office notes Richard Evans MD, EMG/NCV from Texas Medical Rehab and Pain Center, office notes from Anjali Jain MD, Behavioral Medicine Evaluation from Raphael Sacasa PhD.

CLINICAL HISTORY

This is a 50-year-old female, who is an account manger and was injured on 7/___/2002. She is right handed. She stated in her history that she was in a hurry to the

restroom, and tripped and fell on the carpet in the hallway. She landed on the right side of her body, hitting her right upper extremity and front of her body. She injured her Lumbar and Cervical spine, ribs and right shoulder.

DISPUTED SERVICE(S)

Under dispute is the medical necessity of 99213-25 office outpatient visit, 97140 manual therapy, 97110 therapeutic exercise, 97530 therapeutic activities for dates of service 3/8/2004 through 8/17/2004..

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

In the Reviewer's medical opinion this case appears to be mishandled based on the information reviewed. The date of injury is July 18, 2002 but the findings of the Right shoulder MRI from one year later, July 18, 2003, reveal a complete tear of the rotator cuff. Surgery was performed on 11/20/2003, almost one year and a half later and four months after the MRI findings. A lumbar discogram and ESI was performed on 2/25/2003, seven months post injury, and revealed a 3-5 mm HNP at L5-S1. There appears to be an overuse of diagnostic tests and multiple physicians involved on a slip and fall. There also appears to be a delayed referral time in requesting tests for the benefit of the patient. In the Reviewer's opinion, the delay in referrals and expeditious treatment has pushed the services in dispute into an invalid course of care with the VAS at a stabilized point implying MMI. The window of time to perform these services has expired. This patient can be given a home exercise program to follow through with and if needed, referred to the Texas Rehab Commission.

Screening Criteria

1. Specific:

This delay in treatment conflicts with the Mercy Guidelines, Texas Guidelines for Quality Assurance and Practice Parameters, Texas Workers Compensation Upper Extremity Treatment Guidelines §134.1002, and Texas Work Comp Spinal Treatment Guidelines §134.1001

2. 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

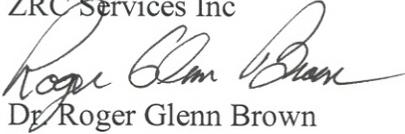
Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

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

A handwritten signature in black ink, appearing to read "Roger Glenn Brown". The signature is written in a cursive style with a large initial "R".

Dr. Roger Glenn Brown
Chairman & CEO