

Ziro C

A Division of ZRC Services, Inc.

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June 1, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #:

M5-05-2079-01

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 MD board certified and specialized in Physical Medicine and Rehabilitation. 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

Information from Requestor, Respondent, and Treating Doctor including:

1. Notification of IRO assignment with the items disputed being manual therapy, therapeutic exercise, neuromuscular re-education, ultrasound, electrical stimulation, and some sort of syringe treatment.
2. List of the treating medical doctors and other personnel. There were a total of 12 and then an additional 7 others, plus some billing records.
3. Liberty Mutual letter indicating the treatment that began in 06/21/99 and continued up until August 2004.
4. NIT practitioners including 3 chiropractors and 1 D.O. for neurological, plastic, and internal medicine care, plus physical therapy, occupational therapy, and psychological care.

5. R. L. James, M.D. who did a retro review dated 02/10/03 indicating that the care was not supported by documentation.
6. T. B. Sato, D.C. who did a chiropractic modality review on 11/05/03 and approved 7 visits.
7. B. M. Greenberg, M.D. who did a reconsideration of services on 04/01/03 and felt they were okay as of 01/08/03.
8. Physical therapy review by B. Dodge, P.T. on 03/17/04 who felt that visits up through a total of 24 visits was appropriate.
9. Preliminary chiropractic modality review on 04/04/05 indicating that further physical therapy and chiropractic care in 2005 was not indicated.
10. Dispute level regarding dates of service 03/26/04 through 07/27/04 and dated 04/29/05, which I believe indicated that the payments should be denied.
11. B. Burdin, D.C. made the diagnosis of pronator syndrome on 06/21/99 and continued to see the patient through 01/25/05. I am not sure the pronator syndrome was not a later diagnosis.
12. J. J. Denno, M.D. saw the patient for leg pain for a date of injury of 12/05/01, and his note was entered on 09/29/03.
13. T. L. Westfield, M.D. first noted an ulnar nerve problem on 09/25/03 and then later did a cubital tunnel surgery on 12/10/03 for the ulnar nerve.
14. J. M. Freiberg, M.D. made the diagnosis of reflex sympathetic dystrophy on 03/18/04.
15. M. Lampert, M.D. both associated with a pain treatment center, I believe, did injections. There was also extensive occupational and physical therapy treatment notes, predominantly occupational, extending up through 03/15/05.
16. V. Guerrero, M.D., a designated doctor, saw the patient on 07/09/04, found that the date of maximum medical improvement, and found a 3% impairment rating primarily for carpal tunnel syndrome.
17. D. F. Dutra, Jr., M.D. did electrodiagnostic studies that were negative for radiculitis but did show a left carpal tunnel syndrome and a right cubital tunnel syndrome that was dated 03/14/03.
18. There was a refutation of Dr. Guerrero's designated doctor. The treating doctor agreed with the date of MMI but felt the rating should also include pronator syndrome, the ulnar nerve problem, and the shoulder problem. I will incorporate the information from these records into my report.

CLINICAL HISTORY

This is a history of an approximately 42-year-old patient who presented on 06/__/99 with a history of doing repetitive work and complaining of a repetitive use-type injury with pain in her hands. She has had extensive chiropractic and other medical workup with the diagnoses of carpal tunnel syndrome, later pronator syndrome, later ulnar nerve syndrome, and then involving elbow and shoulder, and finally a diagnosis of reflex sympathetic dystrophy. She has been treated with various modalities, annual therapy, and extensive chiropractic therapy including some manipulation. The response to the therapy has been perhaps brief improvement but primarily a downward trend. There is no indication nearly 6 years later that there has been any significant improvement either with surgery, injections, or any of the treatments. The course of treatment to some extent took on a life of its own. A reasonably simple repetitive use injury generally treated with a home exercise program, some simple modalities at home and perhaps an ergonomic review of the patient's work and a change in work conditions are all that necessary in cases of this nature. However, this patient has had considerably more treatment.

DISPUTED SERVICES

Under dispute is the medical necessity of manual therapy technique, therapeutic exercise, neuromuscular re-education, ultrasound, electrical stimulation, syringe, and office visits between the dates 3/29/04 thru 7/27/04.

DECISION

The Reviewer agrees with the determination of the insurance carrier.

BASIS FOR THE DECISION

It is the Reviewer's medical opinion that the treatments indicated individually and as a whole were unnecessary in treating this condition. A repetitive use injury is generally treated best by a thorough assessment, appropriate diagnostic testing, and then referral for instruction in a home exercise program and the use of home modalities. An ergonomic assessment of the job may be necessary, and a change in job assignment or a change in method of provision of services may be necessary in order for the patient to continue working in a work situation or work environment where the repetitive use is causing pain. It may be necessary that the patient completely change the type of work or the nature of work that she is involved in in order to avoid repetitive use. The extensive treatment with modalities and manipulation as noted in this case is generally frustratingly ineffective and of little or no value. That certainly appears to be the case with this patient. It appears that she has progressively become worse with her treatment rather than better. In that process, she has required further treatment for the worsening condition rather than conclusion of treatment because of establishing an appropriate home exercise program. Hence, the Reviewer can see no value in the treatment that has been rendered, which is currently in dispute.

The rationale for the Reviewer's decision is based upon over 30 years of experience in physical medicine and rehabilitation with a huge case load of patients with repetitive use. The Reviewer has learned by clinical experience that the extensive modality course of treatment is not effective, and the most effective treatment is to teach patients a home exercise program and to invest some responsibility on the part of the patients to treat themselves. That seems, in the Reviewer's experience, to be far more effective.

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



Dr. Roger Glenn Brown

Chairman & CEO