

# IRO America Inc.

## An Independent Review Organization

(IRO America Inc. was formerly known as ZRC Services Inc. DBA ZiroC)

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July 22, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #:

IRO #:

M5-05-2382-01

5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission (TWCC) has assigned this case to IRO America for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America 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; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed provider, board certified and specialized in Chiropractic care. The reviewer is on the TWCC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who 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 IRO America 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

Notification of IRO assignment, information provided by Requestor, Respondent, and Treating Doctor(s) including: Operative report from Shannon West Texas Memorial Hospital, post-op rehab evaluation and rehab notes from Wellness & Injury Medical Center, daily notes from Charles Scott DC, peer review from Hugh Ratliff MD, medical notes from Robert LeGrand MD, cervical and lumbar myelograms, CT cervical and lumbar spine all from Shannon West Texas Memorial Hospital, office notes from Brian Murrell MD, cervical and lumbar MRI from Golder MRI center, lower extremity NCV from Charles Scott DC.

## CLINICAL HISTORY

The patient, \_\_\_\_\_, was injured on \_\_\_\_\_ while working for \_\_\_\_\_ when a high-pressure hose struck him in the neck. He began having pain in his neck and shoulders and down both arms. The patient began treatment with Charles Scott DC July 8, 2003 complaining of low back, mid back and neck pain, headaches, and right leg pain. Dr Scott took the patient off work and began treatment.

## DISPUTED SERVICE(S)

Under dispute is the retrospective medical necessity of 99211 Office Visit, 97530 Therapeutic Activities, 97113 Aquatic Therapy, 97022 Whirlpool, 97110 Therapeutic exercises, 98941 Chiropractic Manipulation for dates of service 6/16/2004 thru 12/7/2004.

## DETERMINATION/DECISION

The Reviewer partially agrees with the determination of the insurance carrier in this case. The Reviewer agrees with the insurance carrier on the following: 97530 therapeutic activities, 97113 aquatic therapy, 97022 whirlpool; the Reviewer disagrees with insurance carrier on the following: 97110 therapeutic exercises, 98941 Chiropractic manipulation.

## RATIONALE/BASIS FOR THE DECISION

Based on the evidence that the cervical surgery was approved and performed, both therapeutic exercises and Chiropractic manipulation fall with the treatment guidelines of medical necessity (*Texas Workers' Compensation Commission Spinal Treatment Guidelines § 134.1001* and *Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters*). These services would promote increased range of motion, flexibility, strength and conditioning, decreased scar tissue formation, decreased pain, and improve patient conditioning, which would decrease the chance of re-injury. These services are provided within an acceptable time frame and are reasonable and necessary.

As far as the water-based therapies, these are not reasonable and necessary for the injured body parts, or for the post surgical rehab of the cervical region. Therapeutic activities would be a redundant service since therapeutic exercises are all-inclusive and can be modified immediately following surgery, all the way to preparing the patient for work conditioning or work hardening.

## Screening Criteria

### 1. Specific:

Texas Workers' Compensation Commission Spinal Treatment Guidelines § 134.1001  
Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters

### 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**

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

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by mail or facsimile, a copy of this finding to the TWCC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,

**IRO America Inc.**



Dr. Roger Glenn Brown

**President & Chief Resolutions Officer**