

November 29, 2004

TWCC Medical Dispute Resolution
MS-48
7551 Metro Center Drive, Suite 100
Austin, TX 78744-1609

Patient:
TWCC #:
MDR Tracking #: M2-05-0289-01
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 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. This case was reviewed by a licensed Doctor of 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

Available documentation received and included for review consisted of records including peer reviews from the carrier, preauthorization request or Dr. M (DC), Dr. B (MD), and Dr. C (DC). Initial and updated clinical reports, notes (Dr. M), FCE reports (Dr. C), operative reports (Dr. B) and IME (Dr. S, MD).

CLINICAL HISTORY

____, a 48-year-old male, injured his right knee on _____. He underwent physical therapy and then subsequent surgery. An MRI on 5/17/00 revealed severe intrameniscal degeneration and previous subtotal medial meniscectomy. There was meniscal capsular separation, patella chondromalacia and blunting of the lateral meniscus. EMG/NCV (2/6/01) revealed denervation of the sciatic nerve and L5/S1 radicular dysfunction. He underwent three hyalrgan injections to the knee, followed by arthroscopic partial lateral meniscectomy and arthroscopic abrasion arthroplasty of the patella on 10/30/01. The MRI on 1/17/03 revealed severe grade III and IV chondromalacia of the patella, thickening of the patella tendon, severe chondromalacia of the medial femoral condyle, medial subtotal meniscectomy, lateral meniscal tear, and a joint effusion. The patient then underwent a patella replacement on 4/1/03, followed by post surgical rehabilitation. He has not worked in four years

The FCE on 8/12/04 demonstrated that the patient was able to perform in a medium work level, lifting 60 lbs occasionally to waist height, 40 lbs. to shelf height and carrying 60 lbs. for 20 ft.. Psychosocial disturbances were noted.

REQUESTED SERVICE

Work hardening five times a week for eight weeks is requested for this patient.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

It appears the patient is a good candidate for entry into the program. He has been out of work for considerable period of time, has undergone multiple surgical procedures. Although performs fairly well on an occasional basis, this was not reproduced on frequent basis per FCE. It appears that the patient would benefit from work hardening program. Medical necessity is established.

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 by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

President/CEO

YOUR RIGHT TO REQUEST A HEARING

Either party to medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

President/CEO

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 29th day of November, 2004.

Signature of Ziroc Representative:

Name of Ziroc Representative: Nan Cunningham