

Z iro C

A Division of ZRC Services, Inc.

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Austin, Texas 78731

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April 5, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #:

M2-05-0932-01

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 physician 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

Request for reconsideration by Marcus Rojas LPC, Non-Certified notice via Zurich, Summary of carrier's position by Ronald M Johnson, MDR request/response, Radiology report by Kenneth Lustik D.C., D.A.C.B.R., MRI report by Eric Bennos M.D., Upper extremity report by Meyer L Proler M.D., Independent Medical Exam by Thomas Diliberti M.D., Office notes by treating doctor – Bobbie Jo Polasek D.C., Advantage Healthcare Evaluation by Jana Downum LPC, progress notes from Advantage Healthcare, Physical Performance Evaluation from Advantage Healthcare.

CLINICAL HISTORY

The patient received a crush injury to the left hand when a steel plate smashed his left hand while at work.

REQUESTED SERVICE

Chronic Behavioral Pain Management X 10 sessions, is requested for this patient.

DECISION

The reviewer agrees with the determination of the insurance carrier.

BASIS FOR THE DECISION

I agree with the IME report from Dr. Diliberti that this patient would benefit from an aggressively focused work conditioning/work hardening program that would address the joint stiffness and residual scar tissue of the left hand and address the psychological component as well. I do not feel that behavioral pain management is warranted as the patient's VAS was a 4 out of 10. As far as the weakness of the left upper extremity in comparison to the right, the patient stated he is right hand dominant. I believe an aggressive home exercise program that a patient can use to continually progress in range of motion, strength and flexibility as well as break up scar tissue would benefit this patient and eventually lower his VAS. Residual scar tissue and adhesions will cause some pain and discomfort until the majority of it is loosen up, until then, occasional over-the-counter anti-inflammatory medications can be used for pain and swelling.

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,

ZRC Services Inc



Dr. Roger Glenn Brown
Chairman & CEO

RGB:dd

cc: Advantage Healthcare Systems
Attn: Nick Kempisty
Fax: 214-943-9407

American Zurich Insurance Co
Attn: Annette Moffett
Fax: 512-867-1733

Dr. Fabacher
Fax: 972-247-8200

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.

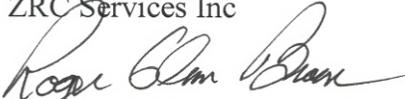
Name/signature

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 5th day of April 2005.

Signature of Ziroc Representative:

Name of Ziroc Representative:

Sincerely,
ZRC Services Inc



Dr. Roger Glenn Brown
Chairman & CEO