

# Z iro C

**A Division of ZRC Services, Inc.**

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June 3, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #: M2-05-1180-01

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 MD board certified and specialized in Orthopedic Surgery. 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**

Notification of IRO assignment, information provided by Requestor, Respondent, and Treating Doctor(s) including:

1. MRI left and right knee, 11/26/03
2. Letter by Dr. Kennedy, 06/04/04
3. Treatment and therapy records for left knee, 07/14/04 to 07/30/04 and 07/30/04 to 09/08/04
4. Office note, Dr. Winslow, 07/30/04
5. Evaluation, Dr. McConnell, 12/16/04, 01/25/05, 02/08/05, and 02/21/05
6. Aquatic therapy record, 01/05/05
7. Letter by Dr. Xeller, 01/06/05 and 03/04/05
8. Office note, Dr. Esquibel, 01/10/05, 01/11/05, 01/24/05, 01/26/05, and 02/07/05
9. Office records, Dr. Esquibel, 01/25/05

10. Prescription by Dr. McConnell, 01/25/05
11. Letter by Dr. Esquibel, 02/14/05
12. TWCC issue, 04/17/05

### **CLINICAL HISTORY**

The claimant is a 44-year-old female schoolteacher who reportedly fell at work on \_\_\_\_ and injured both knees. An MRI of the right knee dated 11/26/03 revealed joint effusion, tricompartmental degenerative joint disease, and a horizontal tear of the body and posterior horn medial meniscus extending to the articular surface. The claimant underwent surgical treatment and rehabilitation for her left knee twisting injury including chiropractic therapy. During rehabilitation on 07/30/04 Dr. Winslow evaluated the claimant for right knee pain and documented decreased range of motion, mild gait disturbance, but no muscle atrophy. Treatment recommendations included Naprosyn and Hydrocodone in addition to continuation of pool therapy for the left knee. Dr. McConnell examined the claimant on 12/16/04 for pain and weakness in her right knee and documented symptoms of catching, locking, and crepitation. Diagnosis was osteoarthritis of the right knee and Naprosyn and Hydrocodone were recommended. Dr. Xeller performed a Designated Doctor's examination on 01/06/05 and documented right knee range of motion of zero to 110 degrees. Dr. Xeller opined that the original injury to the right knee was a strain that had resolved with no impairment. The claimant has continued to treat for right knee pain with Chiropractor Esquibel and Dr. McConnell who has prescribed an MR arthrogram of the right knee.

### **DISPUTED SERVICE(S)**

Under dispute is the prospective and/or concurrent medical necessity of repeat right knee MR arthrogram.

### **DETERMINATION/DECISION**

The Reviewer agrees with the determination of the insurance carrier.

### **RATIONALE/BASIS FOR THE DECISION**

The Reviewer has reviewed the medical information provided to me regarding this claimant's case and agrees with the determination of the insurance carrier in this case. The MR arthrogram for the right knee is not recommended as medically necessary.

The Reviewer would agree that the repeat MR arthrogram of the right knee is not medically necessary because the claimant does have persistent arthritic changes. She had an anterior cruciate ligament reconstruction and a cartilage tear repair on 02/03/04 but her symptomatology now is primarily arthritic in nature. There is no evidence that surgical correction will lead to any significant further improvement other than an eventual total knee replacement and the MR arthrogram is not likely to lead to any significant further improvement or change in this claimant's clinical condition.

### **Screening Criteria**

1. Specific:

Orthopedic Knowledge Update: Hip and Knee Reconstruction; Chapter 27, pg. 249-253

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. Screening criteria should be cited in each review of medical necessity.

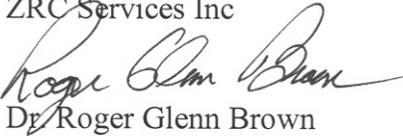
### **CERTIFICATION BY OFFICER**

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

Sincerely,  
ZRC Services Inc



Dr. Roger Glenn Brown  
Chairman & CEO

Cc: Texas Association of School Boards Risk Management Fund  
Jackie Rosga  
Fax 888-777-8272

Anthony Esquibel, DC  
Fax 972-698-7296

## 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

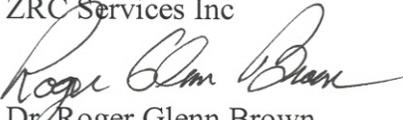
The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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 3rd day of June, 2005.**

**Name and Signature of Ziroc Representative:**

Sincerely,  
ZRC Services Inc



Dr. Roger Glenn Brown  
Chairman & CEO