

THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-05-7903.M2

Z iro C

A Division of ZRC Services, Inc.

7626 Parkview Circle

Austin, Texas 78731

Phone: 512-346-5040

Fax: 512-692-2924

April 21, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #:

M2-05-1217

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 board certified 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

PPE performed in Doctor Merritt's office, office notes from Dr Merritt, upper extremity NCV/EMG, Functional Capacity Exam dated 4/17/2003, Functional Capacity Exam dated 8/14/2003, office notes Johnny Qubty MD, office notes Owen Dewitt MD, Cervical and Lumber spine MRI, IDET operative report from Dr Qubty, Designated Doctor Exam dated 9/20/2004,

Designated Doctor Exam dated 5/17/2004, CT scan of the lumbar spine, progress notes from Dr Qubty.

CLINICAL HISTORY

The patient was employed as a mason and was working on top of a 10 ft scaffold when it broke and he fell to the ground. The metal wood and frame from the scaffold fell on top of the employee.

REQUESTED SERVICE

Medical necessity of work conditioning for 25 visits is requested for this patient.

DECISION

The Reviewer partially agrees with the determination of the insurance carrier; 10 of the 25 visits were not medically necessary; 15 of the 15 visits were medically necessary.

BASIS FOR THE DECISION

The date of injury on this case is _____. The date of the NCV/EMG, which was normal, is January 16, 2004 and the Lumbar MRI was September 9, 2003. The IDET was performed on November 8, 2004. The dispute of this case is about 25 visits of work conditioning. The Reviewer's judgment is that based on the mechanism of injury and the MRI findings that work conditioning would be an appropriate course of treatment. The reviewer's judgment is that due to the very slow, protracted and non-aggressiveness of treatment that 3 weeks or 15 visits of work conditioning would be adequate.

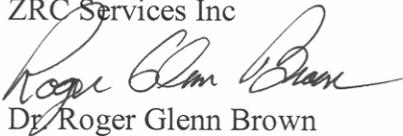
Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy.

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: Cotton Merritt, DC
Attn: Michelle Olivarez
806-744-4210

Texas Mutual Ins. Co
Ron Nesbitt
512-804-3980

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

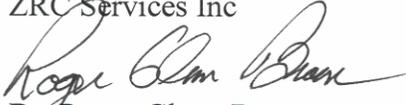
The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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 _____ day of _____, 2005.

Name and Signature of Ziroc Representative:

Sincerely,
ZRC Services Inc

A handwritten signature in black ink, appearing to read "Roger Glenn Brown". The signature is fluid and cursive, with a large initial "R" and "B".

Dr. Roger Glenn Brown
Chairman & CEO