

# ZRC MEDICAL RESOLUTIONS

July 22, 2006

Re: MDR #: M2 06 1598 01 Injured Employee: \_\_\_  
DWC #: \_\_\_ DOI: \_\_\_  
IRO Cert. #: 5340 SS#: \_\_\_

**TRANSMITTED VIA FAX TO:**

**TDI, Division of Workers' Compensation**

Attention: \_\_\_

Medical Dispute Resolution

Fax: (512) 804-4868

**RESPONDENT: Gallagher Bassett Ins.**

**TREATING DOCTOR: John Parker, DC**

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to ZRC Medical Resolutions for an independent review. ZRC has performed an independent review of the medical records to determine medical necessity. In performing this review, ZRC reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the president of ZRC Medical Resolutions, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a licensed chiropractor who is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by ZRC Medical Resolutions, Inc. is deemed to be a DWC decision and order.

P.O. Box 855  
Sulphur Springs, TX 75483  
903.488.2329 \* 903.642.0064 (fax)

## Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on July 22, 2006.

Sincerely,

Handwritten initials 'JC' in a stylized, cursive font.

Jeff Cunningham, DC  
President



**REVIEWER'S REPORT  
M2 06 1598 01**

**Information Provided for Review:**

1. DWC Notice of Assignment
2. Requestor's office note
3. Carrier/URA documentation

**Clinical History:**

\_\_\_ was injured on her job when she slipped on a wet floor and fell into a split legged position on her buttocks. Records indicate that she had an immediate onset of pain in her knees. She later developed low back pain and bilateral hip pain.

**Disputed Services:**

The carrier has denied the medical necessity of physical medicine 3 times per week for 4 weeks.

**Decision:**

I DISAGREE WITH THE URA'S PRIOR ADVERSE DETERMINATION.

**Rationale:**

Physical medicine is an accepted part of a rehabilitation program following an injury. However, for medical necessity to be established, there must be an expectation of recovery or improvement within a reasonable and generally predictable time period. In addition, the frequency, type and duration of services must be reasonable and consistent with the standards of the health care community. In this case, the requested treatment meets those criteria. The *Guidelines for Chiropractic Quality Assurance and Practice Parameters*<sup>1</sup> Chapter 8 under "Failure to Meet Treatment/Care Objectives" states, "After a maximum of two trial therapy series of manual procedures lasting up to two weeks each (four weeks total) without significant documented improvement, manual procedures may no longer be appropriate and alternative care should be considered." The ACOEM Guidelines<sup>2</sup> that if treatment does not bring improvement in three to four weeks, it

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<sup>1</sup> Haldeman, S; Chapman-Smith, D; Petersen, D *Guidelines for Chiropractic Quality Assurance and Practice Parameters*, Aspen Publishers, Inc.

<sup>2</sup> ACOEM *Occupational Medicine Practice Guidelines: Evaluation and Management of Common Health Problems and Functional Recovery in Workers*, 2nd Edition, p. 299.

should be stopped and the patient reevaluated. Since the requested treatment in this case meets those criteria and time frames, the proposed treatment is both indicated and medically necessary.

**Screening Criteria/Literature:**

Mercy Center Guidelines, ACOEM Guidelines