



REVISED JANUARY 19, 2007

SENT TO: Texas Department of Insurance
Health & Workers' Compensation Network Certification & QA
Division (HWCN) MC 103-5A
512.804.4868

San Antonio Spine and Rehab
Fax: 210.921.0398

Traveler's Property and Casualty
Fax: 512.347.7870

January 18, 2007

RE: IRO Case #: M2 07 0522 01
Name: _____
Coverage Type: Workers' Compensation Health Care - Non- network
Type of Review:
 Preauthorization
 ____ Concurrent Review
 ____ Retrospective Review
Prevailing Party:
 Requestor
 ____ Carrier

ZRC Medical Resolutions, Inc. (ZRC) has been certified, IRO Certificate 5340 by the Texas Department of Insurance (TDI) as an Independent Review Organization (IRO). TDI has assigned this case to ZRC for independent review in accordance with the Texas Insurance Code, the Texas Labor Code and applicable regulations.

ZRC has performed an independent review of the proposed/rendered care to determine if the adverse determination was appropriate. In the performance of the review, ZRC reviewed the medical records and documentation provided to ZRC by involved parties.

This case was reviewed by a chiropractor. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the

injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), and any of the treating doctors or other health



care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO.

In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

As an officer of ZRC, I certify that:

1. there is no known conflict between the reviewer, ZRC and/or any officer/employee of ZRC with any person or entity that is a party to the dispute, and
2. a copy of this IRO decision was sent to all of the parties via U.S. Postal service or otherwise transmitted in the manner indicated above on January 18, 2007.

RIGHT TO APPEAL:

You have the right to appeal the decision by seeking judicial review. This IRO decision is binding during the appeal process.

For disputes other than those related to prospective or concurrent review of spinal surgery, the appeal must be filed:

1. directly with a district court in Travis County (see Labor Code 413.031(m)), and
2. within thirty (30) days after the date on which the decision is received by the appealing party.

For disputes related to prospective or concurrent review of spinal surgery, you may appeal the IRO decision by requesting a Contested Case Hearing (CCH). A request for CCH must be in writing and received by the Division of the Workers' Compensation, Division Chief Clerk, within ten (10) days of your receipt of this decision.

Sincerely,

Jeff Cunningham, D.C.
President/CEO

REVIEWER'S REPORT
M2 07 0522 01

Brief History: This patient was injured on his job as a pressman when he tripped and fell to his left. He fell in a twisting motion and took a large amount of the impact to the right side of the thoracic region and low back. He lost consciousness briefly and had a CT to the cranium that was negative for any sort of pathologies. He states that his pain improves with physical therapy.

Item(s) and Date(s) in Dispute: Preauthorization for 12 sessions of physical therapy (97110, G0283, 97140 and 97035.)

Decision: Approved.

Rationale/Basis for Decision: 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.

General expectations include: (A) As time progresses, there should be an increase in the active regimen of care, a decrease in the passive regimen of care and a decline in the frequency of care. (B) Home care programs should be initiated near the beginning of care, include ongoing assessments of compliance and result in fading treatment frequency. (C) Supporting documentation for additional treatment must be furnished when exceptional factors or extenuating circumstances are present.

In this case, the claimant experienced an extenuating circumstance when he suffered an exacerbation while doing home exercises. Moreover, the provider is now requesting active therapy in the form of therapeutic exercises. Therefore, the proposed treatments fulfill statutory requirements¹ for medical necessity since the patient will likely again obtain relief.

Guidelines/Screening Criteria:

Texas Labor Code/TCA Guidelines

¹ Texas Labor Code 408.021