

MDR Tracking Number: M5-03-0951-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that mechanical traction, electrical stimulation, ultrasound therapy, therapeutic exercise, manual traction therapy, myofascial release/soft, joint mobilization, special reports, analysis of information, PT massage and MP office visits were was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that mechanical traction, electrical stimulation, ultrasound therapy, therapeutic exercise, manual traction therapy, myofascial release/soft, joint mobilization, special reports, analysis of information, PT massage and MP office visits fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 12/5/01 to 7/2/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 1st day of April 2003.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

Enclosure: IRO decision

March 25, 2003

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

Patient:  
TWCC #:  
MDR Tracking #: M5-03-0951-01  
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 care rendered 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 Doctor of Osteopathy specialized in Anesthesiology and Chronic Pain Management, and board certified in Anesthesiology. 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.

#### CLINICAL HISTORY

The patient was injured on his job when he fell down on his left side, fracturing his left wrist and low back. He also was diagnosed with a right knee injury. He had surgery on the right wrist, which consisted of pins in the joint, and that was eventually healed from what the records seem to say, but the lumbar spine went on for some time. The records indicate that EMG demonstrated a L5 radiculopathy on the right with a L5 compression fracture. The treating doctor has utilized very high amounts of physical medicine, active and passive, on this case. Records are very sketchy as to what was done and what the positive results would be. A file review was enclosed by the carrier, which was performed by Roger Canard, DC. This review recommended care after 6/22/01 be considered medically unnecessary.

#### DISPUTED SERVICES

The carrier has denied mechanical traction, electrical stimulation, ultrasound therapy, therapeutic exercise, manual traction, myofascial release, joint mobilization, special reports, analysis of information, massage and MP office outpatient visits as being medically unnecessary from December 5, 2001 through July 2, 2002.

## DECISION

The reviewer agrees with the prior adverse determination.

### BASIS FOR THE DECISION

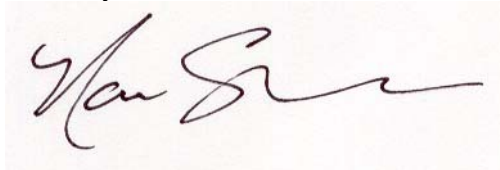
The treatment on this case was of very high frequency and intensity and the documentation presented does not indicate that any of the treatment was successful. All of the office notes which are presented are of the "travel card" style of note and the overwhelming majority of these dates of service indicate that the patient was not getting better and that indeed the patient was the same from date to date generally. The treatment that was rendered for the dates in the dispute cannot be validated as medically necessary due to a lack of overall progress in the treatment program and the fact that the treatment exceeds what would generally be considered a reasonable amount of care.

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 this finding by US Postal Service to the TWCC.

Sincerely,

A handwritten signature in black ink, appearing to read "Nan Cunningham", is written over a light-colored rectangular background.

Nan Cunningham  
President/CEO

CC: Ziroc Medical Director