

IRO – AMERICA - Ziroc

April 25, 2003

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

Patient:
TWCC #:
MDR Tracking #: M5 03 1286 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.

This case was reviewed by a licensed Doctor of Chiropractic. 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

This patient was injured while working for _____ as a hub sorter, according to the records on the case. She had a low back and hip injury which was treated initially at Concentra for a very short time, followed by 48 office visits at the office Central Dallas Rehabilitation. The treatment included active and passive modalities extended through June of 2002. Electrodiagnostic studies interpreted by Charles Tuen, MD are normal. MRI interpretation by J. Gordon Gregory indicates a 2 mm disc herniation at L3/L4.

DISPUTED SERVICES

The carrier has denied the medical necessity of office visits, physical therapy and physical performance testing from March 15, 2002 through May 31, 2002.

DECISION

The reviewer agrees with the prior adverse determination regarding joint mobilization, myofascial release, muscle testing and traction.

The reviewer disagrees with the prior determination for all other treatment.

BASIS FOR THE DECISION

Passive treatment is not reasonable at this stage in a patient's care. However, due to the disc herniation it is reasonable to believe that some manipulative therapy as well as active rehabilitation would be of benefit to a patient with this condition. Muscle testing would not be considered necessary due to a lack of documentation of a radiculopathy and the lack of an indication that there was motor involvement in this case. The office visits which are documented do indicate that the patient was making some progress with the active care rendered. Passive care is not demonstrated to have a benefit to the patient's ability to return to work nor does it have a positive effect on a patient's condition other than palliative, mainly in the early stages of injury.

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,

Nan Cunningham
President/CEO

CC: Ziroc Medical Director