

IRO – AMERICA - Ziroc

June 18, 2003

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

Patient:
TWCC #:
MDR Tracking #: M5-03--1441-01
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 Medical Doctor with a specialty in Occupational Medicine and board certification in Internal Medicine. 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

According to a note dated October 14, 2002 from an unidentified physician, this patient was injured on June __, 2002 when she struck her left knee on a steering column. Physical therapy that was ongoing for more than three months consisted of ultrasound, massage and hot packs, without exercises. There is a reference to a negative MRI. Her diagnosis is a painful left knee.

A letter dated October 21, 2002 from Howard Grant, M.D. documented a diagnosis of left knee bursitis with internal derangement. Another letter in the record from Dr. Grant was a request for four weeks of work conditioning for muscle strengthening.

Included in the record were physical therapy notes from Binz Clinic dated October 8 through October 23, 2002 for a total of seven visits. Each visit consisted of hot/cold packs (15 min.), ultrasound (15 min.), electrical stimulation (15 min.), manual massage (15 min.), and diathermy (15 min.). No therapeutic exercises were performed.

DISPUTED SERVICES

Under dispute is the medical necessity of physical therapy services rendered from 10/8/02 through 10/24/02.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The Ziroc reviewer finds that the physical therapy as described above was not medically necessary for the period of October 8th through October 24, 2002.

The disputed items come approximately four months after a contusion-type injury to the patient's left knee. She underwent at least three months of passive treatment before the dates in question. Passive modalities are not indicated and are not medically necessary four months into the treatment for this type 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