

IRO – AMERICA - Ziroc

May 29, 2003

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

Patient:

TWCC #:

MDR Tracking #:

IRO #:

M5-03-2064-01

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 and board certification in Physical Medicine and Rehabilitation. 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

Mr. _____ is a 29-year-old male who sustained injuries to his neck, back and left shoulder as a result of a motor vehicle accident on 12/___/01. He was treated with work restrictions and medications and therapies that gradually allowed him to improve. He had an MRI of the lumbar area that identified an L4/5, L5/S1 disc herniation. On 1/14/02 he also had an MRI of the left shoulder that showed tendinosis. He made progress through therapy and he had a Functional Capacity Evaluation upon completion of the therapy. He was able to return to full duty on 4/17/02 using a TENS unit. He was placed at MMI and had an impairment rating on 4/24/02. He was given an impairment rating of 8% for the shoulder and low back. There was a note in the therapy notes stating that Mr. _____ had an exacerbation of the injury after being back to work, but there was no further clinical information provided for the dates 5/14/02 through 11 25/02.

DISPUTED SERVICES

Under dispute is the medical necessity of office visits and physical therapy provided from 5/14/02 through 11/25/02.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The reviewer was not provided with clinical information for the dates involved. The medical necessity of the treatments were denied due to the lack of medical documentation.

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