MDR Tracking Number: M5-03-2719-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General 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 dispute was received on June 24, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits, myofascial release, manual traction, and joint mobilization from 10-18-02 through 12-11-02 **were found** to be medically necessary. The range of motion testing, muscle testing, therapeutic exercises, and therapeutic procedures from 10-18-02 through 12-11-02 **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 10-18-02 through 12-11-02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 2nd day of August 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

August 7, 2003
Amended July 22, 2004

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

Patient:	___
TWCC #:	___
MDR Tracking #:	M5-03-2719-01
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 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

Mr. ___ is diagnosed as having bilateral carpal tunnel syndrome and neck joint dysfunction combined with tenosynovitis of the wrist. His date of injury is reported as being ___.

Plain film radiographs of the cervical spine, right wrist and left wrist were performed on 10-17-02. Dr. Daulat, radiologist, read these as a negative study.

DISPUTED SERVICES

Under dispute is the medical necessity of therapeutic exercises, therapeutic procedures, range of motion testing, office visits, myofascial release, manual traction, joint mobilization, muscle testing and office visits from 10/18/02 through 12/11/02.

DECISION

The reviewer both agrees and disagrees with the prior adverse determination.

The reviewer disagrees with the prior adverse determination for the following:

- Office Visits
- Myofascial Release
- Manual Traction
- Joint Mobilization

The reviewer agrees with the prior adverse determination for the following:

- Range of Motion Testing
- Muscle Testing
- Therapeutic exercises
- Therapeutic procedures

BASIS FOR THE DECISION

Texas Administrative Code 19.2003 (29) states:

"…The guidelines are not to be used as fixed treatment protocols by either the health care provider or insurance carrier and shall not be viewed as prescriptive or the sole basis for approval or denial of proposed services. There may be injured employees who will require more or less treatment than is recommended in the guidelines"

No documentation is presented as to how Mr. ___ falls outside the scope of normal parameters of treatment guidelines. Very little documentation exists for the bulk of the treatment that entailed approximately 1 hour per visit. It is unclear what exercises were performed or the outcome of these exercises. There is though almost a paragraph per note about the passive modalities as to why they are medically necessary. The quantification of outcome studies revealed an increase in range of motion of the wrists but a decrease of range of motion with treatment of the neck. The outcome of the treatment is questionable with respect to the neck. The outcome of the wrist treatment showed an increase of range of motion but the symptomatic complaints would seem to remain the same as the documentation does not reflect change.

Accepted treatment guidelines for uncomplicated cases will generally allow 8 weeks of care. It is unknown how much treatment Mr. ___ has received since his date of injury. It would be prudent that if no significant improvement is noted that other treatment options should be considered and the care being provided to Mr. ___ should be terminated in favor of finding a treatment plan that improves the condition. The rehabilitative care did not demonstrate significant findings in the documentation that would substantiate further rehabilitative care outside of the accepted 8-week period. Mr. ___'s condition was not demonstrated to improve empirically other than increase of range of motion of the wrist. Mr. ___'s cervical range of motion decreased or got worse after care.

In summary:

The following were found to be necessary as part of the eight-week treatment plan: office visits, myofascial release, manual traction and joint mobilization.

With regards to therapeutic procedures and exercises, time spent with the patient was not documented and justified. Accepted treatment guidelines will allow for eight weeks of a treatment plan with therapeutic exercises. Further care past eight weeks would require documentation of necessity that was not present in this case.

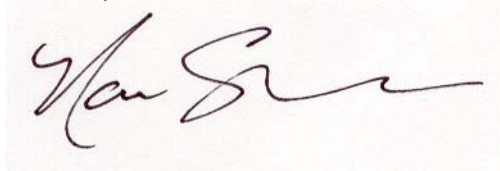
The reviewer finds that muscle testing and range of motion testing are integral with the E/M code and should not be billed separately.

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