

I hereby verify that a copy of this Findings and Decision was placed in the insurance carrier representative's box and mailed to the requestor applicable to Commission Rule 102.5 this _____ day of _____, 2002. Per Commission Rule 102.5(d), the date received is deemed to be 5 (five) days from the date mailed and the first working day after the date this Decision was placed in the carrier representative's box.

Signature of Commission Employee:

Printed Name of Commission Employee:

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

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 by the IRO. The cryotherapy unit was found to not be medically necessary. The respondent raised no other reasons for denying reimbursement for the cryotherapy unit.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
7/9/01	E0236-NU E1399 E1399 E1399	475.00 75.00 155.00 45.00	61.75 18.33 50.00 -0-	U	DOP	IRO decision	The IRO determined this DME was not medically necessary and therefore additional reimbursement is not recommended.
7/18/01	E0748	5000.00	3352.56	M	DOP	§133.1(a)(8)	The requestor submitted copies of EOB's from other carrier's. The submitted EOB's contained information that was not redacted. Therefore, reimbursement is not recommended.
12/5/01	E1300 E0199	350.00 475.00	149.99 74.00	M M	DOP		
TOTAL		\$6594.00					The requestor is not entitled to reimbursement.

On this basis, therefore, the requestor did not prevail in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

Based on review of the disputed issues within the request, reimbursement for dates of service from 7/9/01 through 12/5/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this ____ day of, _____ 2002.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision