

MDR Tracking Number: M5-02-1922-01

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 and determined that **the requestors did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the dry pressure pad for mattress rendered was not medically necessary.

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 dry pressure pad for mattress rendered was the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for date of service 10/8/01 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 2nd day of, July 2002.

Debra Hausenfluck
Medical Dispute Resolution Officer
Medical Review Division

DH/dh

April 3, 2002

Texas Workers' Compensation Commission
David R. Martinez, Chief Medical Dispute Resolution
4000 South IH-35, MS 40
Austin, TX 78704-7491

Attention: Elizabeth Pickle

Re: Medical Dispute Resolution
MDR #: M5-02-1922-01
IRO Certificate No.: IRO 5055

Dear Ms. Pickle:

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a Board Certified Orthopaedic Surgeon.

THE PHYSICIAN REVIEWER OF THIS CASE AGREES WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted.

Sincerely,

MEDICAL CASE REVIEW

This is for ___. I have reviewed the medical information forwarded to me concerning MDR #M5-02-1922-01, in the area of Orthopedic Surgery. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for Medical Dispute Resolution concerning the necessity of a pressure equalization overlay for a queen-sized mattress.
2. ___ documentation and information.
3. Physicians' records, ___ and ___.
4. Information from medical supplier, ___.
5. Various follow-up office notes, imaging studies, and managed care nursing notes.

B. SUMMARY OF EVENTS:

The patient, a 45-year-old man, reported an injury on ___, for which he had surgery (an anterior cervical discectomy and fusion at C4-C5 level) on 5 October 2001; surgery performed by ___. He had a history of having had a similar anterior cervical discectomy and fusion at one level proximal, C5-C6, some five or six years previously.

Among the prescribed postoperative supplies, a cervical collar, a bone growth stimulator, a cervical pillow, and a mattress overlay, coverage is denied for the pressure equalization overlay for a queen-sized mattress.

C. OPINION:

1. I AGREE WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE.
2. In my opinion, the prescribed pressure equalization overlay for the mattress in no way contributed to the patient's recovery nor enhanced the level of comfort or the speed of rehabilitation.
3. I reviewed medical notes, including notes from his treating physician, surgeon, and home health nurses, indicating that he was allowed to be ambulatory and had reached a reasonable level of activity by the time the mattress overlay was prescribed on 8 October 2001.

D. ADDITIONAL COMMENTS:

None.

E. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 2 April 2002