

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

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the cold circulating unit, wrap, pad, and auto adapter were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that cold circulating unit, wrap, pad, and auto adapter fees were the only fees involved in the medical dispute to be resolved. As the treatment/service was not found to be medically necessary, reimbursement for date of service 2-27-01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 12th day of July 2002.

Dee Z. Torres, Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and subsequently re-delegated by Virginia May, Deputy Executive Director.

NOTICE OF INDEPENDENT REVIEW DECISION

July 9, 2002

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-1943-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 41 year old female sustained an on-the-job injury on ___ when she stepped in the space between the dock and the trailer while unloading packages on a roller. She strained her right hip, right wrist, right shoulder and right leg. She subsequently underwent a 2 level lumbar fusion. The post-operative treatment plan included a cold circulating unit, wrap, pad, and auto adaptor.

Requested Service(s)

Cold Circulating Unit, Wrap, Pad, and Auto Adaptor

Decision

It has been determined that the cold circulating unit, wrap, pad, and auto adaptor were not medically necessary.

Rationale/Basis for Decision

The information presented for review was very limited and was not sufficient to substantiate the medical necessity for the cold circulating unit, wrap, pad and auto adaptor. In addition, there are no medical treatment guidelines, studies or care standards that substantiate any significant effect that cryotherapy has for the spinal fusion patient. Most patients who have a two level fusion usually remain hospitalized for 5-7 days, after which ice has no significant effect on healing of the fusion mass. Therefore, the cold circulating unit, wrap, pads, and auto adaptor were not medically necessary.

Sincerely,