

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-02-3489.M5

MDR Tracking Number: M5-02-2001-01

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 (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 DME (E0236, E1399) was not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that DME (E0236, E1399) fees were 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 12/4/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 20th day of May 2002.

Margaret Q. Ojeda
Medical Dispute Resolution Officer/Case Manager
Medical Review Division

MQO/mqo

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.

Enclosure: IRO decision

NOTICE OF INDEPENDENT REVIEW DECISION

April 30, 2002

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

RE: Injured Worker:
MDR Tracking #: M5-02-2001-01
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 43 year old female injured her left knee when she slipped while picking up some trash on _____. The patient underwent an arthroplasty with chondroplasty and partial medial menisectomy in December of 2001. As part of the patient's therapy, the treating physician prescribed a cold therapy unit.

Requested Service(s)

Cold Therapy Unit

Decision

It is determined that the cold therapy unit was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

There is no hard data to substantiate the superior outcome after the use of the "cool temp" machine. A simple ice bag can produce enough cooling of the tissue about the knee to accomplish what the surgeon needs. The added expense of a cooling machine is not necessary to provide cooling.

Sincerely,