

MDR Tracking Number: M5-02-2645-01

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 the durable medical equipment (water pump and supplies) rendered was not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that durable medical equipment/ water pump and supplies fees were the only fees involved in the medical dispute to be resolved. As the treatment/service, durable medical equipment (water pump and supplies) was not found to be medically necessary, reimbursement for date of service 9/19/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 6th day of September 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

August 28, 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 #: M5-02-2645-01
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 Rule §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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care.

___ health care professional 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 36 year old male sustained a work related injury on ___ when a trolley bus he was riding in was struck from behind. The patient was thrown up against the wall and after being examined and x-rayed, he was diagnosed with lumbar sprain and right shoulder sprain. On 09/14/01, the treating chiropractor ordered cold therapy for treatment of the patient's shoulder condition.

Requested Service(s)

Water circulating unit, cold therapy cooler wrap, and water circulating pad and auto adapter.

Decision

The water circulating unit, cold therapy cooler wrap, water circulating pad and auto adapter were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

While cold therapy was indicated for this patient's condition, equal benefits could be obtained with the use of ice packs. If compression is desired, wrapping the ice packs with an ace bandage would achieve the same effects. Therefore, it is determined that the water circulating unit, cold therapy cooler wrap, water circulating pad and auto adapter were not medically necessary.

Sincerely,