

MDR Tracking Number: M5-02-2869-01

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 requestor prevailed** on the issues of medical necessity.

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. The prescription medications (Valium, Vicodin ES, and Univasc 7.5) were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these prescription medications charges.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 1/9/02 through 6/4/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 15th day of January 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

January 9, 2003

Texas Workers' Compensation Commission
Medical Dispute Resolution
4000 South IH-35, MS 48
Austin, TX 78704-7491

Re: Medical Dispute Resolution
MDR#: M5-02-2869-01
IRO Certificate No.: IRO 5055

Dear:

___ 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 physician who is Board Certified in Orthopedic medicine.

Clinical History:

This 32-year-old right-handed male claimant suffered a crush-type injury of his right ring and little fingers on his job on ____. Initial care included debridement and fracture fixation with pins. Subsequent surgery was required for traumatic degenerative joints disease of the 5th digit (arthrodesis of the proximal interphalangeal joint, right little finger, 04/09/01). He continues to require pain medication.

Disputed Services:

Medications Valium, Vicodin ES and Univasc 7.5 mg during the period 01/09/02 through 06/04/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the medications in question were medically necessary in this case.

Rationale for Decision:

Despite surgery, PT/OT, and medications, this patient continues to complain of pain and numbness in the little finger (and to a lesser extent in the ring finger) of his right hand. These digits are temperature sensitive, and examiners have noted swelling, skin discoloration and weakness of grip.

There appears to be legitimate reason to have prescribed the medications in question during this five-month period in 2002. Diagnoses of reflex sympathetic dystrophy and/or ulnar neuropathy proximal to the MP joint of the fifth finger have been suggested as possible causes of his continued pain.

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 who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,