

MDR Tracking Number: M5-02-2940-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General 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. This dispute was received on 05-31-02.

The IRO reviewed medical surgical and sterile supplies associated with ambulatory surgical care rendered on 06-26-01 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity for camera system, McConnell arm support, arthrocare, rigid scope, and high intensity light. However in accordance with rule 133.304 the insurance carrier must provide sufficient explanation for the sender to understand its actions. A generic statement "included in another billed procedure" does not satisfy these requirements therefore MDR is unable to determine in which procedures the services were included and deduct from services in which the requestor prevailed.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for medical surgical and sterile supplies associated with ambulatory surgical care. Consequently, the commission has determined that **the requestor prevailed** on the majority of the medical fees. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee.

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 not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 09-11-03, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
06-26-01	A4649	\$2436.00	\$2236.00	M		MFG GI GR (I)(B)	Requestor did not support fair and reasonable and documentation does not identify the services performed or support delivery of service. Reimbursement is not recommended
TOTAL		\$2436.00					The requestor is not entitled to reimbursement

This Decision is hereby issued this 23rd day of March 2004.

Georgina Rodriguez
 Medical Dispute Resolution Officer
 Medical Review Division

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 06-26-01 in this dispute.

This Order is hereby issued this 23rd day of March 2004.

Roy Lewis, Supervisor
 Medical Dispute Resolution
 Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

September 5, 2003

Re: IRO Case # M5-02-2940-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery and has been admitted to the TWCC Approved Doctor List. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

This case involves disputed items and services billed for outpatient shoulder arthroscopy, debridement of a partial rotator cuff tear, subacromial decompression and insertion of a pain pump on 6/21/01. The dispute includes a pain pump, anesthesia and surgical supplies, anesthetic medications and anesthesia services.

Requested Service(s)

Medical/surgical supplies and sterile supplies associated with ambulatory surgical care on 6/26/01

Decision

I disagree with the carrier's decision to deny the requested items and services EXCEPT for the \$672 camera system, the \$410 McConnell Arm Support, the second \$210 arthrocare,

the \$12.50 rigid scope, the \$135.00 high intensity light.

Rationale

Although the billed amount of all of the disputed services is above the fair and reasonable amounts customarily charged, most of the items and services supplied, including the pain pump, were medically necessary for the necessary surgical procedure. The \$672 camera system, the \$410 McConnell Arm Support, the second \$210 arthrocare, the \$12.50 rigid scope, the \$135.00 high intensity light were not medically necessary for the procedure or care of the patient.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,