

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

SOAH DOCKET NO. 453-03-1642.M5

MDR Tracking Number: M5-02-2944-01

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 respondent prevailed** on the issues of medical necessity. Therefore in accordance with §133.308(q)(9), the Commission hereby **Declines to Order** the respondent to reimburse the **requestor** for the paid IRO fee.

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 disputed services were found to **not** be medically necessary. The respondent raised no other reasons for denying reimbursement for these services.

This Decision is applicable to date of service 3/25/02.

This Decision is hereby issued this 15th day of November 2002.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

NOTICE OF INDEPENDENT REVIEW DECISION

November 6, 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 #: M5-02-2944-01
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 48 year old female sustained a work-related injury on _____. There was no documentation in the information submitted for review regarding the origin of the injury, the diagnosis or the treatment history. The requestor's letter, dated 05/28/02, indicated that the patient had undergone right shoulder arthroplasty. The attending physician requested a water circulating unit, wrap and pad, in an undated "letter of medical necessity".

Requested Service(s)

Pump for water circulating pad and miscellaneous durable medical equipment for 03/25/02 date of service.

Decision

It has been determined that pump for water circulating pad and miscellaneous durable medical equipment for 03/25/02 date of service was not medically necessary.

Rationale/Basis for Decision

The documentation submitted for review did not contain clinical information related to the course and type of injury, diagnostic evaluations, diagnoses, previous treatment, and/or proposed surgical procedure for this patient. In addition, there was no information submitted that would indicate, clinically, that the durable medical equipment requested was necessary. Therefore, based on the information submitted for review, the pump for water circulating pad and miscellaneous durable medical equipment, for 03/25/02 date of service, was not medically necessary.

Sincerely,