

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

SOAH DOCKET NO. 453-03-2744.M5

MDR Tracking Number: M5-02-3135-01

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 did not prevail** on the issues of medical necessity. Therefore, in accordance with §133.308(q)(9), the Commission **Declines to Order** the respondent to refund 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 water circulating unit, cold therapy cooler wrap, water circulating pad and pain management kit were found to not be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Order is hereby issued this 14th day of February 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

NOTICE OF INDEPENDENT REVIEW DECISION

January 29, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-3135-01
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 37 year old male sustained a work-related injury on ___ when he injured his right knee. On 01/15/02, the patient underwent arthroscopic surgery to his right knee. Following surgery, the treating physician ordered a water circulating unit, cold therapy cooler wrap, water circulating pad and pain management kit.

Requested Service(s)

Water circulating unit, cold therapy cooler wrap, water circulating pad and pain management kit.

Decision

It is determined that the water circulating unit, cold therapy cooler wrap, water circulating pad and pain management kit were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Although cooling can be beneficial post arthroscopy, it does not require a cool circulating unit. There are no studies to indicate that a cool circulating unit is more beneficial than an ice pack intermittently applied. Similarly, there are no studies that would suggest that a constant infusion of local anesthetic is more beneficial for pain relief than standard pain relief measures. Therefore, the water circulating unit, cold therapy cooler wrap, water circulating pad and pain management kit were not medically necessary.

Sincerely,