

MDR Tracking Number: M5-04-1659-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on February 6, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. 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. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

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 Carisoprodol, Cephalexin, Hydrocodone, Oxycontin, Bactroban, and Celebrex were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 5th day of May 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

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 02/07/03 through 04/07/03 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 5th day of May 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/pr

May 3, 2004

NOTICE OF INDEPENDENT REVIEW DECISION
Amended Letter

RE: MDR Tracking #: M5-04-1659-01
IRO Certificate #: 5348

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in orthopedic surgery. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a male who sustained a work related injury on ___. The patient reported that while at work he fell from a ladder injuring his neck and left shoulder. On 1/30/98 the patient underwent left shoulder consisting of subacromial decompression distal clavicle resection and manipulation with lysis of adhesions. X-rays dated 2/10/98 showed satisfactory decompression distal clavicle resection. On 4/19/99 the patient underwent an arthroscopic capsular release with debridement of chondral lesion, synovitis, and adhesions for the diagnoses of adhesive capsulitis of the left shoulder. The patient was referred to a pain management specialist for complaints of continued left shoulder pain. The patient then developed an infection of the left shoulder and was started on antibiotics and eventually underwent surgery of the left shoulder and chest wall for osteomyelitis with cellulites of the chest wall and clavicle. Postoperatively the patient was treated with medications for pain, inflammation, and muscle spasms. The patient continued with treatment for osteomyelitis with injections and oral medications.

Requested Services

Carisoprodol, Cephalexin, Hydrocodone, Oxycontin, Bactroban, Celebrex from 2/7/03 through 4/7/03.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a male who sustained a work related injury to his neck and left shoulder on ____. The ___ physician reviewer also noted that the patient underwent left shoulder surgery on 1/30/98 and that on 4/19/99 the patient underwent an arthroscopic capsular release with debridement of chondral lesion, synovitis, and adhesions for the diagnoses of adhesive capsulitis of the left shoulder. The ___ physician reviewer further noted that postoperatively the patient developed an infection of the left shoulder and was treated with antibiotics, pain medications, and further surgery. The ___ physician reviewer explained that this patient's complications from surgery are related to the work related injury sustained on ____. The ___ physician reviewer also explained that this patient does require the regular use of the medications in dispute. Therefore, the ___ physician consultant concluded that the Carisoprodol, Cephalexin, Hydrocodone, Oxycontin, Bactroban, and Celebrex from 2/7/03 through 4/7/03 were medically necessary to treat this patient's condition.

Sincerely,