

MDR Tracking Number: M5-04-1662-01

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. The dispute was received on 01-09-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the Naproxen and Mobisyl cream on 10-03-03 were not medically necessary.

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 05-18-04, 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 requestor failed to submit additional information to support the fee charges for date of service 11-13-03 for the prescription for Naproxen therefore no reimbursement is recommended.

This Findings and Decision is hereby issued this 3rd day of June 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division
DLH/dlh

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 3, 2004

Re: IRO Case # M5-04-1662

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 who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the 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:

Medical Information Reviewed

1. Table of Disputed Services
2. TWCC 62 Explanation of benefits
3. Prescription and receipts
4. Carrier physician advisor review
5. Records from treating doctor 2/5/99 –1/24/04
6. Carrier physician advisor review 7/14/03

History

The patient apparently injured his right shoulder and arm due to repetitive motion in ___ according to the carrier's 7/18/03 Physician Advisor Review. According to that review, the compensable diagnosis was impingement syndrome of the right shoulder. TWCC MR-117 states a ___ date of injury. No reference is made to a ___ injury in the Physician Advisor Review or in any of the records provided by the parties for this review. The treating physician did not provide a patient history for this review, and his notes make no reference to a ___ injury. The patient has multiple other orthopedic problems, including neck pain, chronic wrist pain, right knee instability,tenosynovitis, and carpal tunnel syndrome that have been treated periodically over the previous 10-12 years.

He has a history of polio, asthma and hypercholesteremia. On 10/3/03 the patient was seen by his treating physician for a right wrist sprain, right extensor tendonitis and right flexor tendonitis. On that date he was prescribed Naproxen and Mobisyl cream for his problem.

Requested Service(s)

Naproxen, Mobisyl cream

Decision

I agree with the carrier's decision to deny the requested medications.

Rationale

No documentation was provided stating the medical necessity of the prescriptions on 10/3/03 for treatment of the patient's compensable shoulder injury. The treatment seemed geared to the patient's right hand, and no documentation whatsoever was provided that it is a compensable body part. No documentation was provided to support prescription medication for the shoulder injury on _____. Therefore, based on the medical records provided, it was not reasonable and medically necessary for the compensable injury.

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