

MDR Tracking Number: M5-04-2096-01

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 March 11, 2004

The 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 prescription medication Celebrex was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above was not found to be medically necessary, reimbursement for dates of service from 03-11-03 to 06-25-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 2nd day of July 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

June 2, 2004

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IRO Certificate No.: 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in the area of Pain Management and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's
Correspondence, H&P and office notes 1999 – 2004.

Clinical History:

This patient was originally injured in _____. He apparently went through an ankle surgery in August of 2000, and it is stated that he continues to suffer from internal derangement of the right ankle. Apparently, after the surgery, he had an examination done by a disability evaluation physician, which revealed that the patient was doing well with the foot and ankle on 03/02/04.

Disputed Services:

Prescription medication Celebrex

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the prescription medication Celebrex is not medically necessary in this case.

Rationale:

This patient's injury is currently almost ____ old. The reviewer sees no reason for any prescription-type medication for this patient. The patient could take an over the counter anti-inflammatory medication if he so desires. There is no reason to take the prescription Celebrex for any ankle pain that he may have.

Sincerely,