

MDR Tracking Number: M5-04-2274-01

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 17, 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 Bextra **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 03-24-03 to 06-10-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 1st day of June 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

May 24, 2004

MDR #: M5-04-2274-01
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 and reviews from carrier.
Letter of medical necessity (07/10/03 and 04/21/04)

Clinical History:

This is a case of a claimant who is an approximately 70-year-old woman, ___ at the time of injury, who was injured on ___ resulting in knee pain. She was diagnosed initially with a left knee sprain, and a regular duty release was provided following some conservative care.

Disputed Services:

Prescription Bextra.

Decision:

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

Rationale:

It would be appropriate for her left knee symptoms to be treated for 6-12 weeks following the injury, and beyond that further evaluation would need to be done and documented to justify the use of Bextra at this time.

Sincerely,