

MDR Tracking Number: M5-05-1052-01

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 11-24-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity.

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 office visit on 5-25-04 was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202(c); in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c)(6); plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for date of service 5-25-04 in this dispute.

This Order is hereby issued this 2nd day of March, 2005.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

Enclosure: IRO decision

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-05-1052-01
Name of Patient:	
Name of URA/Payer:	Liberty Mutual Insurance
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Richard A. Evans, MD

February 24, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in family practice. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating

physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Texas Workers Compensation Commission

CLINICAL HISTORY

93 pages of records were submitted for review which included the following:

- * Liberty Mutual insurance records;
- * Records from Dr. Evans;
- * A retrospective peer review;
- * A required medical exam;
- * Letters from the patient;
- * Notes from Dr. Schneider, DPM; and
- * Assorted information on Microvas treatment.

In summary, Mr. ___ sustained injuries in a MVA on ____. He had extensive treatments by multiple doctors including several surgeries. Most recently Mr. ___'s treatment consisted primarily of chronic pain treatment with medication management.

REQUESTED SERVICE(S)

Office visit dated 5/25/04.

DECISION

Approve disputed service.

RATIONALE/BASIS FOR DECISION

On 2/27/04, Dr. Evans notes the insurance company has agreed to quarterly visits for this patient. At this stage of treatment, this protocol seems reasonable for ongoing care for Mr. ____. However, if the patient has a change in symptomology, side effects or insufficient symptom control with medications, or other concerns related to his injuries, it would seem prudent and appropriate for the patient to consult his treating physician immediately. On 5/25/04, Dr. Evans

addressed a new complaint of neuropathic pain in Mr. ___'s right hip and leg. He was started on a new medication, Neurontin, and his other medications were continued. Because of his new onset of symptoms that deviated from his usual symptoms, the office visit on 5/25/04 was appropriate and medically necessary. Therefore, the prior denial should be reversed and this visit approved.