

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity Dispute

PART I: GENERAL INFORMATION

Type of Requestor: (X) HCP () IE () IC	Response Timely Filed? (X) Yes () No
Requestor's Name and Address Lonestar DME 1509 Falcon Drive, Suite 106 Desoto, Texas 75115	MDR Tracking No.: M5-05-2831-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address Insurance Company of the State of PA Box 19	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Did Requestor Prevail?
From	To		
04-22-05	04-22-05	E0217, E0731, E0215 and E1399	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

PART III: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code and Commission Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), the Medical Review Division assigned an Independent Review Organization (IRO) to conduct a review of the medical necessity issues between the requestor and respondent.

The Division has reviewed the enclosed IRO decision and determined that the requestor did **not** prevail on the disputed medical necessity issues.

PART IV: COMMISSION DECISION

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is not entitled to reimbursement for the services involved in this dispute and is not entitled to a refund of the paid IRO fee.

Findings and Decision by:

Authorized Signature

08-24-05

Date of Decision

PART V: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____

PART VI: YOUR RIGHT TO REQUEST A HEARING

If you are unhappy with all or part of this decision, you have the right to appeal the decision. Those who wish to appeal decisions that were issued during the month of August 2005, should be aware of changes to the appeals process which take effect September 1, 2005.

House Bill 7, recently enacted by the 79th Texas Legislature, provides that an appeal of a medical dispute resolution order that is not pending for a hearing at the State Office of Administrative Hearings (SOAH) on or before August 31, 2005 is not entitled to a SOAH hearing. This means that the usual 20-day window to appeal to SOAH, found in Commission Rule 148.3, will be shortened for some parties during this transition phase. If you wish to seek an appeal of this medical dispute resolution order to SOAH, you are encouraged to have your request for a hearing to the Commission as early as possible to allow sufficient time for the Commission to submit your request to SOAH for docketing. A request for a SOAH hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas 78744 or faxed to 512-804-4011. A copy of this Decision should be attached to the request.

Beginning September 1, 2005, appeals of medical dispute resolution orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable.

Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-05-2831-01
Name of Patient:	
Name of URA/Payer:	Lonestar DME
Name of Provider:	Lonestar DME
<small>(ER, Hospital, or Other Facility)</small>	
Name of Physician:	G. David Windsor, DC
<small>(Treating or Requesting)</small>	

August 16, 2005

An independent review of the above-referenced case has been completed by a chiropractic doctor. 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

Records submitted included:

- Information from Lonestar DME including Cambridge Explanation of Review forms; letter of Medical Necessity; Cryotherapy Cold Water Therapy brochure copy; and
- Information from Flahive, Ogden & Latson including Pre-Authorization Review dated 5/2/05; Churchill Evaluation Centers Report of Medical Evaluation dated 11/1/04.

Available information suggests that this patient reports a wrist and thumb injury at work on ____ and again on _____. He underwent surgical decompression, tenolysis, and lysis of adhesions on 11/11/03 with a Dr. Diliberti. He underwent extensive post surgical rehabilitation physical therapy and was placed at MMI on 11/01/04. With extensive therapy, patient appears to have made little or no improvement or recovery. The patient continues with pain and occasional swelling of the right wrist and thumb and has been referred for pain management by her treating chiropractor G. David Windsor, DC. Dr. Windsor also appears to prescribe a MENS unit, cooling apparatus, heating pads and conductive glove garment for home use to manage symptoms.

REQUESTED SERVICE(S)

Determine medical necessity for E0217 heat pad, E0731 conductive glove garment, E0215 electric heating pad and E1399 miscellaneous DME for date of dispute 04/22/05.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Medical necessity for these DME items (E0217, E0731, E0215 and E1399) **are not supported** by available documentation. This file contains no specific clinical rationale or projected long term therapeutic benefit for these items as prescribed. Promotional literature submitted does not substantiate clinical utility or consistency with standard of care with these items for similar conditions evaluated in clinical or laboratory setting. In addition, the failure of this patient to make substantial improvement with extensive in-office therapeutic care suggests that there is little capacity for this patient to achieve significant benefit with self-directed care using this apparatus as home therapy. Finally, these items have not been proven to produce outcomes superior to standard hot/cold packs, paraffin baths or moist heat applications.

Michlovitz SL, ed. *Thermal Agents in Rehabilitation*. 2nd ed. Philadelphia: FA Davis Co; 1986.

Emergency Care Research Institute (ECRI). Hypo/hyperthermia units: Hyperthermia units, circulating-fluid: pumps, circulating-fluid. In: Healthcare Product Comparison System. Hospital Ed. Plymouth Meeting, PA: ECRI; 1998.

Emergency Care Research Institute (ECRI). Hypo/hyperthermia units, mobile, general purpose. In: Health Care Product Comparison System. Hospital Ed. Plymouth Meeting, PA: ECRI; 1990.

Basford JR. Physical Agents. In: Rehabilitation Medicine: Principles and Practice. 2nd Ed. JA DeLisa, ed. Philadelphia, PA: JB Lippincott Co.; 1993; Ch 18: 404-424.

Nadler SF, Prybicien M, Malanga GA, Sicher D. Complications from therapeutic modalities: results of a national survey of athletic trainers. *Arch Phys Med Rehabil*. 2003;84:849-53.

Swenson C, Sward L, Karlsson J. Heat and cryotherapy in sports medicine. *Scand J Med Sci Sports*. 1996;6:193-200.

Moeller JL, Monroe J, McKeag DB. Conductive heat and cryotherapy-induced common peroneal nerve palsy. *Clin J Sports Med*. 1997;7:212-6.

MacAuley DC. Ice and heat therapy: how good is the evidence? *Int J Sports Med.* 2001;22:379-84.

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided.

It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned individual. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.