

September 11, 2003

Re: Medical Dispute Resolution
MDR # M2-02-0723-01
IRO Certificate No. 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records 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.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

Clinical History:

This male claimant suffered a work-related injury on ___, resulting in the diagnosis of lumbar spondylosis. His physician requested an electric wheelchair on 01/04/02. The patient's attorney also requested a vehicle with an automatic transmission on 01/07/02.

The reason stated for these requests is that the patient was about to begin attending classes and needed a motorized scooter to get about the college campus. The vehicle with automatic transmission was to get to and from campus, and to transport his motorized scooter.

The carrier requested information regarding the college that the patient planned to attend, and asked for additional information.

Disputed Services:

Electric wheelchair.

Decision:

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

Rationale:

Clinical records were requested from the treating physician, but were not provided for review. The following correspondence and information was provided:

- Rx for electric wheelchair – 01/04/02.
- letter of necessity from treating physician – 01/08/02.
- correspondence from patient's attorney – 01/07/02 & 05/17/02.
- correspondence from carrier – 01/11/02.

The patient's diagnosis is lumbar spondylosis. This diagnosis alone does not constitute medical necessity for an electric wheelchair.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician 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 care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on June 26, 2003.

Sincerely,