

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0747-01

March 12, 2004
IRO Certificate# 5259

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ___ 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

___ 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 ___.

CLINICAL HISTORY

This is a 43 year old lady who sustained a shoulder and cervical spine injury. Each was treated surgically. The past surgical history is positive for several unrelated abdominal and knee surgeries. Moreover, the past medical history is significant for insulin dependent diabetes and cancer. There are specific progress notes indicating that the cervical fusion was stable and intact. The more recent progress notes indicate complaints of soft tissue type pain and the physical examination notes an essentially normal assessment. There is no identification of a paralysis, skin breakdown or any other constitutional pathology.

REQUESTED SERVICE (S)

Purchase of automatic hospital bed

DECISION

Endorse pre-authorization negative determination

RATIONALE/BASIS FOR DECISION

There are no constitutional symptoms that would require such a device. There is no identified paralysis or other movement disorder that would require this device. The cervical spine injury has been treated and there is no clinical indication of the need for the requested device. There is no paralysis or restriction of motion when in a supine position that would cause any sequale that would require an automatic bed.

Moreover, this appears to be a personal comfort device and as per the rule, this would not be considered reasonable and necessary care for the injury.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the 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 **10** (ten) calendar days of your receipt of this decision (20 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 **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), 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 this 16th day of March 2004.