

MDR Tracking Number: M5-03-0417-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 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 IRO reviewed durable medical equipment (DME) rendered on 1-18-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On June 11, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
1-18-02	E0244	\$103.00	\$36.00	M	DOP	Section 413.011	The provider submitted redacted EOBs that support amount billed was fair and reasonable. The requestor is due the difference between amount billed of \$103.00 and amount paid of \$36.00 = \$67.00.
1-18-02	E1399	\$112.00	\$24.95	M	DOP	Section 413.011	The provider submitted redacted EOBs that support amount billed was fair and reasonable. The requestor is due the

							difference between amount billed of \$112.00 and amount paid of \$24.95 = \$87.05.
TOTAL		\$215.00					The requestor is entitled to reimbursement of \$154.05.

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) 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 1-18-02 in this dispute.

This Order is hereby issued this 12th day of August 2003.

Elizabeth Pickle
 Medical Dispute Resolution Officer
 Medical Review Division

December 23, 2002

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0417-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on ___ external review panel. This physician is board certified in orthopedic surgery. ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and

any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 40 year-old male who sustained a work related injury on ____. The patient states he works as a lineman and his job involves a lot of heavy work. He initially had severe incapacitating left radicular pain and was treated with Lortab and a Medrol dose pack. The patient had an MRI scan that indicated a large left herniated disc causing severe spinal stenosis at L5-S1 with compression of the intrathecal roots. The patient also had a discectomy.

Requested Services

Pump for water circulating pad and related durable medical equipment on 1/18/02.

Decision

The Carrier's denial of coverage for these services is upheld.

Rationale/Basis for Decision

___ physician reviewer has determined that after reviewing medical records provided, the pump for water circulating pad and related durable medical equipment on 1/18/02 were not medically necessary to treat this patient's condition. ___ physician reviewer explained that cold pumps and pads supplying circulating cold fluid provide pain relief postoperatively in many instances. ___ physician reviewer also explained that ice packs provide the same effect. ___ physician reviewer further explained that ice packs could have been used postoperatively instead of the pump for the water circulating pad and related durable equipment on 1/18/02. Therefore, ___ physician consultant concluded that the pump for a water circulating pad and related durable medical equipment on 1/18/02 were not medically necessary to treat this patient's condition.

Sincerely,

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