

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-2916.M5

MDR Tracking Number: M5-03-0436-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that rental of a neuromuscular stimulator machine was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that rental of a neuromuscular stimulator machine fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 1/22/02 to 2/22/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 19th day of March 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

January 16, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-0436-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in general practice which is the same specialty as the treating physician. The physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 32 year old male sustained a work-related injury. The origin and date ___ of the injury are not clearly identified in the information submitted for review. The diagnoses listed on the Bill Review Reports include cervicalgia, joint pain – shoulder, and lateral epicondylitis. The course and treatment history are not clearly identified in the information submitted for review. According to the Bill Review Reports, neuromuscular stimulator rental was rendered 01/22/02 and 02/22/02.

Requested Service(s)

Neuromuscular stimulator rental rendered 01/22/02 and 02/22/02.

Decision

It has been determined that the neuromuscular stimulator rental, rendered on 01/22/00 and 02/22/02, was not medically necessary.

Rationale/Basis for Decision

The documentation submitted for review did not contain clinical information related to the origin, type of injury, clinical course, diagnostic evaluations, diagnoses, or previous treatment. In addition, there was no information submitted that would indicate, clinically, that the neuromuscular stimulator was necessary. Therefore, the neuromuscular stimulator rental, rendered on 01/22/02 and 02/22/02, was not medically necessary.

Sincerely,