

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 Medical Review Division has reviewed the IRO decision and determined that the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare; therefore, the **requestor did not prevail** in the IRO decision. 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.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. The form fit conductive garment and miscellaneous supplies on 2-4-02 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these charges.

The neuromuscular stimulator, electronic shock unit on 2-4-02 was denied by the carrier as “A – preauthorization required but not requested.” Per Rule 134.600 (h) (13), all durable medical equipment in excess of \$500.00 per item requires preauthorization. Carrier submitted documentation to support that the neuromuscular stimulator, DME code E0745, was rented for several months beginning in November 2000. Per the 1996 Medical Fee Guideline, DME ground rules, rental fees are applied to the purchase price and preauthorization applies to the cumulative total of the durable medical equipment. Therefore, preauthorization is required for DME on 2-4-02. No reimbursement can be recommended.

The above Findings and Decision are hereby issued this 27th day of May 2003.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

DZT/dzt

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

April 1, 2003

**Re: IRO Case # M5-03-0577**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas. He or she has signed a certification statement attesting 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 referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The \_\_\_ reviewer who reviewed this case has determined that, based on the medical records provided, the requested treatment was not medically necessary. Therefore, \_\_\_ agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

History

The patient was injured on \_\_\_ in a moving vehicle accident. He had injuries to his neck, shoulder and lower back. He has had chiropractic care, injections, pain management and surgery.

Requested Service(s)

Form fit conductive garment to deliver TENS and misc. supplies 2/4/02

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

According to the records submitted for this review the patient has had extensive chiropractic care and physical therapy with only poor results. There was little, if any, documentation proving that conservative care was beneficial to the patient. The documentation shows that surgery was inevitable and that conservative care had failed. The use of a form fitting garment and NMS unit would be of no benefit to a patient with such severe degenerative disk disease and annular tear with radiculopathy. Surgery was the only option for relieving this patient. The provider failed to show medical necessity and how it will be beneficial to the patient.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,

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