

MDR Tracking Number: M5-03-0707-01

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 DME – ambulatory infusion pump, water circulating unit, cold therapy wrap, and water circulating pad were 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 DME – ambulatory infusion pump, water circulating unit, cold therapy wrap, and water circulating pad 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 date of service 6/25/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 6th day of May 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

February 27, 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 #: M5-03-0707-01
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 orthopedic surgery 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 56 year old female sustained a work-related injury on ___ when she slipped on the floor and fell down injuring her right knee. On 06/25/02, the patient underwent an arthroscopic surgery of the right knee. Post-operatively, the physician prescribed an ambulatory infusion for pain management as well as a water circulating unit with a cold therapy wrap and water circulating pad.

Requested Service(s)

Ambulatory infusion pump, water circulating unit, cold therapy wrap, and water circulating pad.

Decision

It is determined that the ambulatory infusion pump, water circulating unit, cold therapy wrap, and water circulating pad were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient underwent arthroscopic surgery of the knee and the medical record documentation does not indicate the necessity for an ambulatory infusion pump, a water circulating unit, a cold therapy wrap, and a water circulating pad. There is no documented evidence that this equipment was superior to the standard procedure for pain control or application of cold therapy to the operative site. Therefore, the ambulatory infusion pump, water circulating unit, cold therapy wrap, and water circulating pad were not medically necessary.

Sincerely,