

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 requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

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 the only issue** to be resolved. The DME, cryotherapy unit involving, a cold therapy cooler wrap, a water circulated pad, water-circulating unit, and an auto adaptor, were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these DME, cryotherapy charges.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay 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 Order is applicable to date of service 7/18/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 9<sup>th</sup> day of April 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** March 14, 2003

**Requester/ Respondent Address:** Rosalinda Lopez  
TWCC  
4000 South IH-35, MS-48  
Austin, Texas 78704-7491

**RE:**  
**MDR Tracking #:** M5-03-0726-01  
**IRO Certificate #:** 5242

\_\_\_ 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 Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed 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 an orthopaedic surgeon who is board certified in orthopaedic surgery. The orthopaedic surgeon 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**

\_\_\_ is a 49-year-old woman with lumbar discogenic disease who underwent a posterior and anterior lumbar fusion from L4 to S1 on 07/18/02 by \_\_\_, at \_\_\_ in \_\_\_. The patient had symptomatic retained hardware and subsequently underwent removal of the retained hardware on 01/16/03, also by \_\_\_. According to \_\_\_ notes, the patient did quite well after the initial surgery.

**Requested Service(s)**

As part of the initial postoperative treatment, \_\_\_prescribed a cryotherapy unit, which involved a cold therapy cooler wrap, a water circulated pad, a water-circulating unit, and an auto adaptor, as durable medical equipment.

**Decision**

I disagree with the insurance carrier, and find that the water circulating pad, cold therapy cooler wrap, water circulating unit and auto adaptor are medically necessary.

**Rationale/Basis for Decision**

In my opinion, the durable medical equipment is medically necessary as a postoperative treatment, for decreasing inflammation and controlling pain. Cryotherapy is a recognized modality in medical treatment, and these particular units in my opinion are quite helpful and worthwhile.

An article by Z.H. Shao, in 1992, describes the effectiveness in cryotherapy in treating back pain, acute or chronic, of various causes. The conclusion was that in dealing with low back pain, cryotherapy is a simple effective method. In addition, a study in 1994 by Ho, et. al., provided a scientific rationale for the use of ice in limiting further hemorrhage and cell injury after traumatic musculoskeletal injuries and surgical procedures.

Insofar as cryotherapy for the claimant, in my opinion this modality is helpful for controlling her chronic back pain after two separate spine surgeries, rather than specifically to treat the localized post operative pain after her hardware removal. A prolonged course of cryotherapy is justified for the chronic back pain rather than for the specific effects of the hardware removal surgery.

This decision by the IRO is deemed to be a TWCC decision and order.

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 requester and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 14<sup>th</sup> day of March 2002.