

MDR Tracking Number: M5-03-0741-01

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 DME items rendered on 2-19-02 that were denied based upon "V".

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.

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.

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

On February 14, 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	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
2-19-02	E0244	\$103.00	\$43.36	F	DOP	General Instructions GR (III) Section 413.011(b)	The requestor did not submit documentation to support that additional reimbursement was due per Section 413.011(b). No additional reimbursement is recommended.
TOTAL		\$103.00					The requestor is not entitled to reimbursement.

This Decision is hereby issued this 2nd day of July 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

January 30, 2003

MDR Tracking #: M5-03-0741-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor who is both specialized and board certified in Physical Medicine and Rehabilitation. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

This patient is approximately 43 years of age. Her date of injury to her low back was ___, and on 9/13/00 she had a lumbar laminectomy/discectomy at L2/3 and L3/4. She later sustained recurrent herniation/radicular symptoms and underwent a redo lumbar laminectomy/discectomy on 3/4/02.

After the first surgery she had over \$1300 of DME provided, all of which was totally funded. The second request for these items again was in February 2002, prior to the second surgical procedure in March.

Previous review letters, including the retrospective review of 4/1/02 are noted. Also included are the carrier letter of 12/17/02 and all of the medical bills.

Included for review are numerous articles concerning the use of modalities, including cold, which are studies primarily relating to knee and shoulder usage and the immediate postoperative periods in clinical practice.

DISPUTED SERVICES

Under dispute is the purchase of Durable Medical Equipment (DME) including a pump H2O circulating pad, unclassified DME, and an electric heat pad.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

There is no justified medical necessity for the purchase of the requested equipment. They have been purchased once before for this patient.

The purchase of these items would not represent the usual customary and reasonable medical practice as documented in current literature and current standards and guidelines.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, dba ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,