

MDR Tracking Number: M5-03-0871-01

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 Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Therefore, in accordance with §133.308(q)(9), the Commission **Declines to Order** the respondent to refund the requestor for the paid IRO fee.

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 pump for water circulating pad, water circulating pad and cold therapy cooler unit were found to not be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Order is hereby issued this 12th day of February 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

January 28, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0871-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on ___ external review panel. This physician is board certified in orthopedic surgery. ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a female who sustained a work related injury to her knee, neck, and lower back on _____. The patient reports that she stood on a chair to reach an air vent when she fell to the ground. The diagnoses for this patient included sprain lumbar region, sprain of neck, and internal knee derangement. The patient had an MRI of the right knee that showed an oblique tear involving the posterior horn of the medial meniscus, medial collateral ligament sprain, and small knee effusion. The patient had knee surgery on 9/10/02 consisting of arthroscopy, partial medial meniscectomy, and tri-compartmental chondroplasty.

Requested Services

Pump for Water Circulating Pad, Water Circulating Pad, and Cold Therapy Cooler Wrap on 9/9/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

____ physician reviewer noted the patient underwent arthroscopy, partial medial meniscectomy and a chondroplasty on 9/10/02. ____ physician reviewer also noted that a circulation water pump for cold therapy was recommended postoperatively. ____ physician reviewer further noted that this water pump was requested for the treatment of postoperative pain relief. ____ physician reviewer indicated that cold therapy has been used to relieve postoperative pain. ____ physician reviewer explained that cold therapy is definitely beneficial in diminishing postoperative pain. (Barber/McGuire/Click: Journal of Arthroscopic and Related Surgery; 1998). ____ physician reviewer also explained that chipped ice in plastic bags has also been used by patients for relief of postoperative pain. ____ physician reviewer further explained that cold therapy administered via chipped ice in plastic bags is extremely cost-effective and just as effective as a cold water pump. Therefore, ____ physician reviewer concluded that the pump for water circulating pad, water circulating pad, and cold therapy cooler wrap were not medically necessary to treat this patient's condition on 9/9/02.

Sincerely,
