

MDR Tracking Number: M5-03-0981-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 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. This dispute was received on 12-11-02.

The IRO reviewed DME items rendered on 8-20-02 that were denied based upon "U".

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 June 2, 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	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
8-20-02	E0781	\$485.00	\$287.02	M	DOP	Section 413.011(b)	Total amount in dispute is \$197.98. The provider submitted redacted EOBs that support amount billed is fair and reasonable. Reimbursement of \$197.98 is recommended.
8-20-02	E0114	\$110.00	\$42.50	M	DOP		Total amount in dispute is \$67.50. The provider submitted redacted EOBs that support amount billed is fair and reasonable. Reimbursement of \$67.50 is recommended.
TOTAL		\$595.00					The requestor is entitled to reimbursement of \$595.00 .

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay \$595.00 for 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 Decision is applicable for date of service 8-2002 in this dispute.

This Order is hereby issued this 15th day of September 2003.

Elizabeth Pickle
Medical Dispute Resolution
Medical Review Division

March 11, 2003

Re: Medical Dispute Resolution
MDR #: M5.03.0981.01

Dear

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

Clinical History:

This female claimant had arthroscopic surgery of her right knee on 08/20/02, nine months following her injury of ___. No operative note was found in the medical records provided. The only diagnosis mentioned in the doctor's postoperative office note is "torn meniscus."

Disputed Services:

Ambulatory infusion pump and durable medical equipment.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the equipment named above was not medically necessary in this case.

Rationale for Decision:

An operative note would have been helpful in providing the type of surgery and the findings of surgery of this patient. More detailed office notes might explain why these specialized treatment items were needed in the postoperative care of this patient's right knee.

The arthroscopy was done on 08/20/02, and the "polar care" unit was applied to the right knee at the time of surgery. The letter of medical necessity from the surgeon is dated 10/29/02. Based on the information provided, the reviewer assumes that the surgical procedure was simply an arthroscopic meniscectomy. If the procedure were a more complex reconstructive procedure (for example, an anterior cruciate ligament repair), perhaps such equipment would have been indicated.

I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,