

MDR Tracking Number: M5-03-1094-01

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

This Order is hereby issued this 6th day of March 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

February 25, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-02-1094-01

___ 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 the ___ external review panel. This physician is a board certified orthopedic surgeon. The ___ 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, the ___ 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 on ____. The diagnosis for this patient is right knee internal derangement. The patient had knee arthroscopy and was prescribed a cryotherapy unit post surgery.

Requested Services

Water circulating unit, cold therapy cooler wrap and water circulating pad on 2/19/02.

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

The ___ physician reviewer noted that the patient sustained a work related injury to her right knee on ____. The ___ physician reviewer also noted that the patient underwent right knee arthroscopic surgery on 10/4/02. The ___ physician reviewer explained that the surgery was performed in an outpatient setting. The ___ physician reviewer noted that a cryotherapy unit was prescribed post surgery. The ___ physician reviewer also noted that the patient has had two previous cryotherapy units prescribed. The ___ physician reviewer explained that cold therapy is very helpful after knee surgery. The ___ physician reviewer also explained that either a previously prescribed cryotherapy unit or ice packs could have been used. Therefore, the ___ physician consultant concluded that the water circulating unit, cold therapy wrap and water circulating pad on 2/19/02 were not medically necessary to treat this patient's condition.

Sincerely,