

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-05-0606.M5

MDR Tracking Number: M5-03-1630-01

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 titled Medical Dispute Resolution –General 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 2-26-03.

The IRO reviewed DME supplies rendered on 2-26-02 that were denied based upon “U”.

The IRO concluded that the camera system, arthrocare wand, arthroscope equipment, arthro pump, arthrocare unit, full radius Dyonics shave, Dyonics cassette tubing, Omni jug, arthro shaver (blade), sterile gloves, VCR photograph, video equipment, high intensity light, rigid scope, special gloves, Ambu bag, admission pack, Schlein shoulder holder, suction tubing, airway (disposable), ground pad, fluid trap, ECG pads, sterile towels, X-large drape gown, mayo stand cover, half drape sheets, 4X4 sponges, suction catheter, marking pen, disposable light handles, fluid barrier boots, bed pan/urinal, temperature strip, and emesis basin-500ml were medically necessary.

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(r)(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.

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

On November 6, 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	Procedure CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
2-26-02	R360 OR Services	\$11,882.13	\$2236.00	M	Fair and Reasonable	Section 413.011(b)	The requestor did not submit supporting documentation per Section 413.011(b) that amount billed was fair and reasonable. Additional reimbursement is not recommended.
2-26-02	R272 Vaginal	\$96.00	\$0.00	R	DOP	Section 408.027(c)	The insurance carrier did not file a TWCC-21 with

	Prep					and (d) General Instructions GR (III)(A)(2)	TWCC disputing the Vaginal prep tray as not being related to compensable injury; therefore, supply will be reviewed in accordance to MFG. The requestor did not document the nature, extent and need for the vaginal prep tray per MFG, General Instructions GR (III)(A)(2); therefore, no reimbursement is recommended.
TOTAL							The requestor is not entitled to reimbursement.

This Decision is hereby issued this 19th day of December 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

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 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 2-26-02 in this dispute.

This Order is hereby issued this 19th day of December 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

AMENDED LETTER

NOTE: Decision

July 28, 2003

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-1630-01
IRO Certificate #: IRO4326

___ 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 §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered 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 a ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ physician reviewer 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

This patient sustained a work related injury on ___, tearing his rotator cuff of the left shoulder. He subsequently underwent a left shoulder arthroscopy 05/15/01 for debridement of the tear, subacromial decompression, and insertion of a postoperative patient-controlled analgesia (PCA) pump.

Requested Service(s)

Camera system, arthrocare wand, arthroscope equipment, arthro pump, arthrocare unit, full radius Dyonics shave, Dyonics cassette tubing, Omni jug, arthro shaver (blade), sterile gloves, VCR photograph, video equipment, high intensity light, rigid scope, special gloves, Ambu bag, admission pack, Schlein shoulder holder, suction tubing, airway (disposable), ground pad, fluid trap, ECG pads, sterile towels, X-large drape gown, mayo stand cover, half drape sheets, 4x4 sponges, M5-suction catheter, marking pen, disposable light handles, fluid barrier boots, bed pan/urinal, temperature strip, and emesis basin-500 ml on 02/26/02.

Decision

It is determined that the camera system, arthrocare wand, arthroscope equipment, arthro pump, arthrocare unit, full radius Dyonics shave, Dyonics cassette tubing, Omni jug, arthro shaver (blade), sterile gloves, VCR photograph, video equipment, high intensity light, rigid scope, special gloves, Ambu bag, admission pack, Schlein shoulder holder, suction tubing, airway (disposable), ground pad, fluid trap, ECG pads, sterile towels, X-large drape gown, mayo stand cover, half drape sheets, 4x4 sponges, suction catheter, marking pen,

disposable light handles, fluid barrier boots, bed pan/urinal, temperature strip, and emesis basin-500ml on 02/26/02 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient-controlled analgesia (PCA) pump is commonly used for shoulder surgery by orthopedic surgeons. It has been shown to decrease the amount of postoperative pain and allows many patients to go home and not require a one night stay in the hospital. The pump is used based on the treating surgeon's evaluation of the patient's ability to tolerate and control his post operative pain.

The medical and surgical supplies in question were all medically necessary for this patient's surgery with the exception of the vaginal prep tray. They are all indicated for an arthroscopy of the shoulder. Therefore, it is determined that the camera system, arthrocare wand, arthroscope equipment, arthro pump, arthrocare unit, full radius Dyonics shave, Dyonics cassette tubing, Omni jug, arthro shaver (blade), sterile gloves, VCR photograph, video equipment, high intensity light, rigid scope, special gloves, Ambu bag, admission pack, Schlein shoulder holder, suction tubing, airway (disposable), ground pad, fluid trap, ECG pads, sterile towels, X-large drape gown, mayo stand cover, half drape sheets, 4x4 sponges, suction catheter, marking pen, disposable light handles, fluid barrier boots, bed pan/urinal, temperature strip, and emesis basin-500ml on 02/26/02 were medically necessary.

Sincerely,