

MDR Tracking Number: M5-03-2057-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 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.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. 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.

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 prescription glasses were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these prescription glass charges.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay 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 Order is applicable to date of service 7/24/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

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

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

July 28, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-2057-01

___ 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 Ophthalmology.

Clinical History:

This male claimant suffered injury to the lumbar spine in a work-related accident on _____. He was discovered to have esotropia with dissociated vertical deviation and significant hyperopia. No documentation was provided to substantiate that he had a significant closed-head injury. The emergency room records and subsequent records indicate a normal CT scan with respect to closed-head injury, and indicate only bruising with mild swelling. There was no loss of consciousness.

Disputed Services:

Prescription glasses on 07/24/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that prescription glasses were medically necessary in this case.

Rationale:

The condition of hyperopia and the esotropia and dissociated vertical deviation establishes the medical necessity of the prescription glasses. In general, conditions such as this tend to become more symptomatic as patients get older.

I am the Secretary and General Counsel of _____ and 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,