

MDR Tracking Number: M5-03-2156-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 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 04-29-03.

The IRO reviewed water-circulating pump and miscellaneous DME supplies rendered on 11-13-01 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for water-circulating pump and miscellaneous DME supplies. 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.

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 08-07-03, 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
11-13-02	E0871	\$485.00	263.56	M			E0871 is not a valid HCPCS code per the 1996 MFG. Therefore not illegible for review.

	E0114	\$110.00	42.00	M		MFG DME GR (IX)(C)	According to 1991 MFG reimbursement for crutches is \$42.50. Therefore additional reimbursement of \$.50 is recommended (\$42.00 was paid)	
	E0245	\$110.00	75.00	M			According to 1991 MFG reimbursement for a shower chair is \$75.00 therefore, additional reimbursement is not recommended	
	64550	\$125.00	0.00	F			Relevant information was not submitted to confirm delivery of service, Reimbursement is not recommended	
TOTAL		\$830.00						The requestor is entitled to reimbursement of \$.50

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 dates of service 11-13-02 in this dispute.

This Decision is hereby issued this 15th day of March 2004.

Georgina Rodriguez
 Medical Dispute Resolution Officer
 Medical Review Division

July 29, 2003

Re: MDR #: M5-03-2156-01
 IRO Certificate No.: 5055

___ 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:

No clinical history was provided for this male claimant who was injured on ____.

Disputed Services:

Pump for water circulating pad (E0236) and miscellaneous DME supplies (E1399)
On 11/13/01

Decision:

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

Rationale:

The use of continuous cold therapy following arthroscopic surgery has been well documented in medical literature, and in patient practice, as a significant patient benefit in terms of decrease in the level of pain and narcotic consumption. The potential decrease in hospitalization time, as well as potentially accelerating the recovery process is also significant. This equipment was appropriately prescribed.

The shower chair and adjustable crutches are certainly a medical necessity post-op major knee surgery, particularly as the patient is described as being obese in the operative report.

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,