

MDR Tracking Number: M5-03-2238-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the pain management system kit, water circulating unit, cold therapy, cooler wrap and water circulation pad were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that pain management system kit, water circulating unit, cold therapy, cooler wrap and water circulation pad fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for date of service 11/13/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 11th day of July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

July 8, 2003

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

RE: MDR Tracking #: M5-03-2238-01
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 an injury to her right knee on ____. She underwent right knee arthroscopy on 11/13/02. The procedures performed were repair medial collateral ligament, lateral meniscal repair, and extensive synovectomy.

Requested Service(s)

Pain management system kit, water circulating unit, cold therapy, cooler wrap, and water circulation pad on 11/13/02

Decision

It is determined that the pain management system kit, water circulating unit, cold therapy, cooler wrap, and water circulation pad on 11/13/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Ordinarily for this type of surgery, the pain management kit, water circulating unit, cold therapy, cooler wrap, and water circulation pad is not medically indicated. This treatment modality has no medical efficacy over traditional treatments. Based on the documentation provided, there is no extenuating circumstance that would make this treatment application more effectual than a cold ice pack. Therefore, it is determined that the pain management system kit, water circulating unit, cold therapy, cooler wrap, and water circulation pad on 11/13/02 were not medically necessary.

Sincerely,