

MDR Tracking Number: M5-03-3117-01

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. The dispute was received on 7-29-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** 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 office visit was not found to be medically necessary. The prescription medication (Celebrex) was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

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 6-17-03 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 31st day of October 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

October 22, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-3117-01
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 and Spine Surgery.

Clinical History:

This 67-year-old male claimant injured his back and the back of his head in a work-related injury on ___. He does not recollect how he injured his shoulder at that time. He has a previous pertinent history of a prior neck injury in 1981, and a prior back injury in 1987. He has evidence of cervical degenerative disc disease and degenerative acromioclavicular joint problems, as well as a rotator cuff repair that was performed on 07/05/00. This repair broke down and was successfully repaired on 04/25/01.

The patient's current situation is stable. An office note on 06/13/03 stated that he should be followed on a p.r.n. basis and recommended over-the-counter medications. This examination was generally unchanged.

Disputed Services:

Office visit on 06/16/03 and prescription medication on 06/17/03.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion that the office visit on 06/16/03 was not medically necessary; however, the prescription medication on 06/17/03 was medically necessary in this case.

Rationale:

The successful rotator cuff repair was performed over two years prior to the office visit on 06/16/03, and the patient has had excellent outcome. Based on the fact that the patient now has only intermittent problems for which minimal medications are required, no further ongoing treatment is necessary. The prescription medication Celebrex 200 mg. is determined to be reasonable and medically necessary.

According to Texas Labor Code 408:021(a), an employee is entitled to the care reasonably required in association with their injury and the treatment thereof. If the patient's condition is not stable, the care to maintain and promote healing is medically necessary.

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,