Independent Resolutions Inc.

An Independent Review Organization
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IRO REVIEWER REPORT TEMPLATE -WC

DATE OF REVIEW:
JUNE 15, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Is the request for a purchase of an RS4i sequential 4 channel combination interferential and muscle stimulator medically necessary?

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Board Certified Orthopedic Surgeon

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Letter of medical necessity
Prescription 11/20/06
Request for authorization 12/27/06
Peer review 12/29/06
Notice of denial 01/03/07
Request for reconsideration 01/04/07
Request for authorization from DME company 01/04/07
Peer review 01/05/07

Notice of denial 01/08/07
Overview 06/04/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female diagnosed with a shoulder, arm and back strain. The treating physician requested purchase of an RS4i interferential muscle stimulator. The claimant reported decreased pain and spasm with use of the device. The request was non-certified on two separate occasions.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The reviewer agrees with the determination of the insurance carrier in this case. No objective clinical examination findings were submitted for review. The letter of medical necessity noted anecdotal reports from the claimant of decreased pain and spasm from use of the device. Regardless of the lack of information, musculoskeletal strains/sprains are self-limiting and would be expected to resolve in several weeks to several months. There is no proven benefit from the use of the RS4i EMS equipment and there is no proof that the long-term use of the unit will have a significant impact on improving the patient's condition. Peer reports do not sufficiently provide the effectiveness of the RS4i for long-term use for the treatment of chronic pain.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates (shoulder, low back)

Not recommended. Neither bipolar interferential electrotherapy nor pulsed ultrasound are effective as adjuvants to exercise therapy for soft tissue shoulder disorders

Not recommended. Interferential current stimulation is considered investigational. Interferential current works in a similar fashion as TENS, but at a substantially higher frequency

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)