MEDICAL CONTESTED CASE HEARING NO. 08084
M6-08-12415-01

DECISION AND ORDER

This case is decided pursuant to Chapter 410 of the Texas Workers' Compensation Act and Rules of the Division of Workers' Compensation adopted thereunder.

ISSUES

A contested case hearing was held on July 16, 2008, to decide the following disputed issue:

1. Whether outpatient (PSSD) pressure-specified sensory device testing related to the left ankle and left knee is reasonably required health care for the compensable injury of _____?

PARTIES PRESENT

Petitioner/Claimant appeared and was assisted by EJ, ombudsman.
Respondent/Carrier appeared and was represented by PS, attorney.

BACKGROUND INFORMATION

On _____, Claimant injured her left ankle and left knee while working as a custodian. Claimant testified that she had only received medical treatment for her left knee, which included surgery. In a March 13, 2008, peer review by Dr. RH, orthopedic surgeon, it was noted that on July 19, 2007, Claimant had undergone partial meniscectomy posterior and middle horns of the medial meniscus; partial meniscectomy anterior horn lateral meniscus; chondroplasty of the diffuse partial-thickness cartilage lesions medial femoral condyle and medial tibial plateau; chondroplasty of the diffuse partial-thickness cartilage lesions medial femoral condyle and medial tibial plateau. He also noted that CS, DPM, on December 18, 2007, noted that Claimant started experiencing significant pain and tenderness in the left arch of the foot and lower leg. Dr. S's assessment was possible entrapment neuropathy versus tarsal tunnel syndrome versus posttraumatic entrapment. Dr. S and Dr. C recommended a referral for EMG/NCS as well as PSSD testing.

The item in dispute is the prospective medical necessity of outpatient (PSSD) pressure-specified sensory device testing related to the left ankle and knee. "Pressure-specified sensory testing," is a method to assess nerve function by quantifying the thresholds of pressure detected with light, static, and moving touch. The NK Pressure-Specified Sensory Device consists of one or two blunt probes and sensitive transducers to measure and record the perception thresholds of pressure on the surface of the body in grams per square millimeter. The device has been used to aid in the diagnosis and assessment of nerve function, including diabetic peripheral neuropathy, carpal tunnel syndrome, and other nerve entrapment or compression syndromes, and postoperative assessment of sensory outcomes after liposuction, breast reduction mammoplasty, etc. **Pressure-Specific Sensory Device testing is considered experimental or investigational, as there is insufficient clinical evidence to support the use of quantitative sensory testing.** (emphasis added). See Blue Cross Blue Shield of Wisconsin, Quantitative Sensory Testing, (2007).

In a Notice of Utilization Review Findings dated January 4, 2008, the Forte recommendation was **NON-AUTHORIZATION** of outpatient (PSSD) pressure-specified sensory device testing related to left ankle and knee. The reason for the non-authorization was given as follows:

> It is the opinion of the reviewing physician that this is a request for pressure-specified sensory device testing to the left ankle and knee. This claimant was injured _____. She fell when taking out the trash, and there was a tear of the medial cartilage-meniscus of the knee. The left knee arthroscopy was 7-19-07. The ODG guides are silent on the use of this kind of testing. Therefore, other evidence-based material will be examined. Based on a Medline review, pressure-specified sensory testing is a method to assess nerve function by quantifying the thresholds of pressure detected with light, static and moving touch. The NK Pressure-Specified Sensory Device (NK Biotechnical Engineering) consists of one or two blunt probes and sensitive transducers to measure and record the perception thresholds of pressure on the surface of the body in grams per square millimeter. The device has been used to aid in the diagnosis and assessment of nerve function, including diabetic peripheral neuropathy, carpal tunnel syndrome, and other nerve entrapment or compression syndromes, and post-operative assessment of sensory outcomes after liposuction, breast reduction mammoplasty, etc.

The reviewer noted that the PSSD is still considered to be investigational in nature, and there was not enough peer reviewed large scale effectiveness data in the mainstream peer reviewed literature. Therefore, it was concluded that the procedure could not be endorsed based upon the submission presented. On January 15, 2008, the procedure was resubmitted for reconsideration and again it was non-authorized. In the rationale for non-authorization, the physician reviewer noted that the recommending physician stated that PSSD testing has been shown to be significantly more accurate for nerve impingement testing in the early phase. However, the reviewer noted that ODG and ACOEM do not mention a PSSD. He went on to state a Medline search of literature related to PSSD indicated that there was no literature available regarding the use or effectiveness of this procedure. He concluded with, "The use of this devise is not supported by the current literature or official guidelines."

After Carrier denied the PSSD, an IRO was requested. The IRO upheld the previous adverse determination. The reviewer is a board certified orthopedic surgeon who has been practicing for greater than 10 years. In the "Analysis" section, the reviewer stated:

> The reviewer is unable to cite the ODG at this time because ODG does not address PSSD testing. However, the American Academy of Neurology in 2005 rated PSSD and other qualitative sensory tests as level "U" recommendation meaning that the data available are inadequate or conflicting and the value of the test is unproven. Therefore, the reviewer indicates that this service cannot be approved at this time.

Dr. C provided no evidence based medicine that was contrary to the IRO determination. He neither appeared nor did he provide an expert report to show that the requested procedure conformed to the ODG or that the findings of the IRO were inconsistent with evidence based medicine. Claimant has failed to meet her burden of proof to show that the IRO report is contrary to the preponderance of the evidence.

Even though all the evidence presented was not discussed, it was considered. The Findings of Fact and Conclusions of Law are based on all of the evidence presented.

FINDINGS OF FACT

1. The parties stipulated to the following facts:

   A. Venue is proper in the (City) Field Office of the Texas Department of Insurance, Division of Workers' Compensation.

   B. On _____, Claimant was the employee of (Employer), and sustained a compensable injury.

2. Carrier delivered to Claimant a single document stating the true corporate name of Carrier, and the name and street address of Carrier's registered agent, which document was admitted into evidence as Hearing Officer's Exhibit Number 2.

3. Claimant's _____, compensable injury involved her left knee and left ankle.

4. Outpatient (PSSD) pressure-specified sensory device testing related to the left ankle and left knee was recommended as a diagnostic test for Claimant's left knee and left ankle.

5. Outpatient (PSSD) pressure-specified sensory device testing is still considered to be investigational in nature.

6. ODG does not mention nor recommend outpatient (PSSD) pressure-specified sensory testing as a diagnostic test for Claimant's left knee and left ankle.

7. Outpatient (PSSD) pressure-specified sensory device testing related to the left ankle and left knee is not reasonably required medical treatment for the compensable injury of _____.

CONCLUSIONS OF LAW

1. The Texas Department of Insurance, Division of Workers' Compensation, has jurisdiction to hear this case.

2. Venue is proper in the (City) Field Office.

3. The preponderance of the evidence is not contrary to the decision of the IRO that outpatient (PSSD) pressure-specified sensory device testing related to the left ankle and left knee is not reasonably required medical care for the compensable injury of _____.

DECISION

The preponderance of the evidence is not contrary to the decision of the IRO that outpatient (PSSD) pressure-specified sensory device testing related to the left ankle and left knee is not reasonably required medical care for the compensable injury of _____.

ORDER

Carrier is not liable for the benefits at issue in this hearing. Claimant remains entitled to medical benefits for the compensable injury in accordance with §408.021.

The true corporate name of the insurance carrier is **(SELF-INSURED),** and the name and address of its registered agent for service of process is:

TF
(STREET)
(CITY), TX (ZIP CODE)

Signed this 17th day of July 2008

Cheryl Dean
Hearing Officer