

March 14, 2003

Re: Medical Dispute Resolution  
MDR #: M2.03.0500.01

Dear:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the medical records 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. Your case was reviewed by a physician who is Board Certified in Pain Management.

Clinical History

This male claimant's on-the-job injury on \_\_\_ resulted in knee pain, edema, and secondary disuse atrophy resulting from the chronic pain syndrome. He continued to experience pain after therapies and was maintained on medical therapy and a knee brace. A neuromuscular stimulator was prescribed for reduction of edema, muscle re-education and pain relief. Those goals were substantiated in the records, indicating that the patient was fitted and educated in the use of the device and advised to employ it for reduction of edema and muscle re-education to prevent and improve disuse atrophy, and also in a separate mode it could be used for pain management.

Disputed Services:

Neuromuscular electrical stimulator.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the device in question named above is medically necessary in this case.

Rationale for Decision:

While the jury may still be out on the validity of neuromuscular stimulators in management of chronic pain, it has been well established that muscle re-education secondary to disuse atrophy can be effectively managed with such devices. Also, circulation can be improved and edema reduced.

Three goals were established for the neuromuscular stimulator reduction of edema, muscle re-education, and pain relief. Clearly, two of those three have been demonstrated and are accepted therapies in Physical Medicine and Pain Management today. The patient has experienced a reduction in edema, a significant objective finding, as well as subjective reports of pain reduction and reduction of narcotic analgesic consumption after use of the neuromuscular stimulator.

I certify that the reviewing physician 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 care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by is deemed to be a Commission decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity** (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on March 14, 2003.

Sincerely,