

September 8, 2003

Mr. Joe Basham  
RS Medical  
P.O. Box 872650  
Van Couver, WA 98687-2650

VIA FACSIMILE  
Texas Mutual Insurance Company  
Attn: Ron Nesbitt

### NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M2-03-1651-01**  
**TWCC #:**  
**Injured Employee:**  
**Requestor: RS Medical**  
**Respondent: Texas Mutual Insurance Company**  
**----- Case #: TW03-0466**

----- has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). -----' IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ----- for independent review in accordance with this Rule.

----- has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ----- external review panel. This ----- reviewer has been certified for at least level I of the TWCC ADL requirements. This physician is board certified in neurosurgery. The ----- physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ----- for independent review. In addition, the ----- physician reviewer certified that the review was performed without bias for or against any party in this case.

#### Clinical History

This case concerns a male who sustained a work related injury on \_\_\_\_\_. The patient reported that he was helping a co-worker move heavy furniture into a house. The patient explained that the co-worker stumbled, causing all the weight of the piece of furniture to fall on the patient's right shoulder causing a rotator cuff tear. The diagnoses for this patient included chronic pain syndrome, diffuse atrophy and loss of range of motion. The patient has been treated with physical therapy, surgery, medications, trigger point injections, chiropractic care and RS4i sequential muscle stimulator. The patient also underwent a right rotator cuff repair and has been diagnosed further with bursitis.

### Requested Services

Purchase of an RS4i sequential stimulator, a 4 channel combination of interferential & muscle stimulator unit.

### Decision

The Carrier's denial of authorization for the requested services is partially overturned.

### Rationale/Basis for Decision

The ----- chiropractor reviewer noted that this case concerns a male who sustained a work related injury to his right shoulder on \_\_\_\_\_. The ----- physician reviewer also noted that the diagnoses for this patient included chronic pain syndrome, diffuse atrophy and loss of range of motion. The ----- chiropractor reviewer further noted that treatment for this patient's condition has included physical therapy, surgery, medications, trigger point injections, chiropractic care and an RS4i sequential muscle stimulator. The ----- chiropractor reviewer explained that the RS4i sequential stimulator should be tried for 2 months on a rental basis to determine if the treatment is beneficial to the patient. The ----- chiropractor reviewer also explained that if after the 2 month trial period the documentation doesnot show that the patient has benefited from the use of the RS4i sequential stimulator, the purchase should be denied. Therefore, the ----- chiropractor consultant concluded that the purchase of an RS4i sequential stimulator a 4-channel combination interferential & muscle stimulator unit is not medically necessary to treat this patient's condition at this time. However, the ----- chiropractor consultant concluded that a 2-month trial period on a rental basis is medically necessary to treat this patient's condition at this time.

This decision is deemed to be a TWCC Decision and Order.

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

Either party to this medical dispute may disagree with all or part of the 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 **10 (ten)** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

**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 **20 (twenty)** days of your receipt of this decision. (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) 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/Appeals Clerk  
P.O. Box 17787  
Austin, TX 78744

Fax: 512-804-4011

**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. (Commission Rule 133.308(t)(2)).

Sincerely,

-----

State Appeals Department

cc: Texas Workers Compensation Commission

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 this 6th day of September, 2003.

Signature of IRO Employee

Name Elizabeth Mc Donald