

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-03-1805-01

September 22, 2003

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

Notice of Independent Review Determination

CLINICAL HISTORY

This gentleman had several work related injuries but this review pertains to the one sustained on ____, which appears to be repetitive use injuries to both wrists. He had extensive treatment including medications, therapy, work modifications, splinting, injections and a surgical resection of the left radius and revascularization of the lunate bone on 7/10/02. He continued to have symptoms from his injury after surgery and treatment continued including a muscle stimulator ordered on 12/30/02. On 2/11/03, he had reached MMI with a W.P. Impairment Rating of 11%, and he was released to work with no restrictions. A prescription for purchase of a muscle stimulator was written on 6/26/03 for indefinite use.

REQUESTED SERVICE(S)

Purchase of Interferential Muscle Stimulator.

DECISION

Uphold denial of purchase.

RATIONALE/BASIS FOR DECISION

Documentation shows the patient did have some relief from symptoms with the muscle stimulator in conjunction with medications, therapy, and splinting. However, the patient usage log shows the use of the machine declining to a point in April, 2003 when he used it only 18 out of 30 days. Also, ____ notes on 2/11/03 that the patient had reached MMI

and his symptoms were now considered chronic since he was six months out from surgery.

Peer review literature and standard of care only support the use of this device as an adjunctive modality in an acute setting. Therefore, as the patient has developed chronic pain and his use of the device was waning, no medical necessity for this device can be established for this patient and the prior denial is upheld.

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) calendar days of your receipt of this decision (20 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 **20** (twenty) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), 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 24th day of September 2003.