

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-04-1177.M2

October 16, 2003

Re: Medical Dispute Resolution
MDR #: M2-04-0034-01
IRO Certificate No.: 5055

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.

NOTE: The records provided to ___ contained conflicting dates of injury. The Form TWCC-60 stated both ___ and ___. All the medical records provided stated a DOI of ___. The reviewer's report was dictated based on the ___ DOI as contained in the records provided for review.

Clinical History:

The male claimant was diagnosed on 08/20/98 with a closed fracture of the metacarpal, loose body in the knee, and a sprain/strain of the medial collateral ligament of the knee, resulting from a work-related injury. He was also given a diagnosis of reflex sympathetic dystrophy of the right knee and RSK of the left shoulder. He apparently underwent some twelve right knee surgeries followed by cervical fusion, left shoulder acromioplasty, and rotator cuff repair. He has had innumerable amounts of physical therapy, injections, and the use of a TENS unit.

The claimant transferred care to another physician in April 2003, who apparently decreased some of his medications, specifically Rheumatrex, Actonel, Kineret, and Miacalcin. The physician stated that all of these medications were for rheumatologic disease that the claimant did not have. He continued the claimant on Bextra and omeprazole for treatment of osteoarthritic symptoms. He took the claimant off tramadol, Ambien, and clonazepam. Wellbutrin and Remeron, two antidepressants, were prescribed by the claimant's psychiatrists and "...were not of my concern." The physician also commented that the use of Neurontin was appropriate for RSD. No record of a physical examination was provided that noted any autonomic dysfunction or signs of reflex sympathetic dystrophy.

The claimant has apparently had a trial use of the RS-4 muscle stimulator with documentation indicating that it reduced his pain level from 7/10 to 5/10 on one report, and 3-4/10 on another report. These reports, however, are generated on form letters provided

by the DME company that manufactures the device, and there is no support or documentation of these findings in any of the treating doctor's own progress notes. Two doctors have, apparently, denied purchase of the RS-4 stimulator units as being medically unreasonable and unnecessary.

Disputed Services:

Purchase of RS4i sequential stimulator.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the equipment in question is not medically necessary in this case.

Rationale:

There are no peer-reviewed scientific studies that demonstrate long-term efficacy of this device for any of this claimant's alleged clinical conditions. Moreover, there is no valid documentation that this device is providing the claimant with significant relief, nor any medical evidence that passive muscle stimulation is equal or superior to active exercise. Passive modalities have no role in the treatment of chronic pain, the rehabilitation of a knee that has undergone multiple surgeries, or any of the alleged clinical conditions diagnosed on this claimant.

Other than form letters supplied by the company that manufactures this DME, which are not medically valid progress notes, there is nothing to indicate that this device is having any benefit for this claimant. Even if there were such documentation, there are no scientific studies that demonstrate long-term efficacy of this device for any of the claimant's alleged clinical conditions, thereby making purchase of this device medically unnecessary for treatment of this claimant's work-related condition. There is, therefore, no medical reason or necessity for purchase of the RS4i sequential stimulator for this claimant.

I am the Secretary and General Counsel of ___ and 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 October 16, 2003.

Sincerely,