

## NOTICE OF INDEPENDENT REVIEW DECISION

October 22, 2003

RE: MDR Tracking #: M2-04-0068-01  
IRO Certificate #: IRO4326

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a \_\_\_ physician reviewer who is board certified in Hand Surgery which is the same specialty as the treating physician. The \_\_\_ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

This patient sustained a right wrist injury on \_\_\_ when she fell at work. X-rays revealed an intra-articular distal radius fracture. She was referred to an orthopedic hand surgery and underwent an open reduction and internal fixation (ORIF) of the right distal radius fracture on 12/11/01. The patient continued having difficulty with post operative swelling, contractures, and numbness. She had electromyography and nerve conduction velocity studies performed which revealed carpal tunnel syndrome, right cubital tunnel, and ulnar nerve entrapment for which she had surgery on 02/20/03 along with removal of hardware.

### Requested Service(s)

Purchase of the RS4i sequential 4-channel combination interferential and muscle stimulator unit

### Decision

It is determined that the proposed purchase of the RS4i sequential 4-channel combination interferential and muscle stimulator unit is not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

Based on the medical information provided, this patient's residual symptoms can be controlled with the standard treatment at this point which includes, although not limited to, pharmacological agents, exercise/reconditioning, return to work and other activities, and medical supervision. The treating doctor in this case has recommended that the patient see her on an as needed basis. If a non-standard modality treatment is to be recommended, patient selection has to be strict as well as

enforcement of a defined protocol and outcomes measures, preferably multi-dimensional. That means the patient needs to be seen by a physician regularly. The measurement of pain is important 1) to determine pain intensity, quality, and duration, 2) to aid in diagnosis, 3) to help decide the choice of therapy, and 4) to evaluate the relative effectiveness of different therapies (Melzack, R and Catz, J., Textbook of Pain, 4th ed.(1999), Patrick D. Wall and Ronald Melzack, eds., Churchill Livingstone, Edinburgh: W B Saunders, Chapter 17). Suggested measurements are rating scales, the McGill pain questionnaire, and the MPQ or the short McGill pain questionnaire. The medical necessity for the purchase of the RS4i sequential 4-channel combination interferential and muscle stimulator has not been established. This unit cannot be a substitute for the direct supervision of a treating physician for the management of residual pain and stiffness. The introduction of the gate control theory concept in 1965 by Melzack and Wall, has facilitated the global proliferation of different electro-stimulation techniques for pain alleviation. The quality of the scientific documentation does not, however, correspond to its widespread and non-critical application and a multitude of painful conditions by different healthcare providers (Lundberg, H and Lundberg, T., Textbook of Pain, 4th ed., 1999, Patrick D. Wall and Ronald Melzack, eds., Churchill Livingstone, Edinburgh: W B Saunders, Chapter 58). While unconventional, newer treatment modalities that appear promising should be available to patients where currently acceptable treatment modalities have failed. Important methodological issues to be considered are 1) adequate (non-biased) selection of patient, 2) description of diagnostic criteria, 3) description of criteria for inclusion and exclusion, 4) identical machines and administration routine to include placebo units, 5) blinded randomization, 6) assessment of compliance with treatment, 7) description of withdrawals and reasons for withdrawal, 8) and description of outcome measures and independent evaluation. Therefore, it is determined that the proposed purchase of the RS4i sequential 4-channel combination interferential and muscle stimulator unit is not medically necessary.

This decision by the IRO 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) calendar days of your receipt of this decision (28 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for 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  
Fax: 512-804-4011.

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

Sincerely,

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 22<sup>nd</sup> day of October 2003.