

October 17, 2003

MDR #: M2-04-0097-01  
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 Orthopedic Surgery.

**Clinical History:**

This 63-year-old male injured his right knee while working on \_\_\_\_. He had pain and swelling and had x-rays and an MRI of his knee. The imaging studies demonstrated probable evidence of a tear in the posterior horn of the medial meniscus and a possible tear in the anterior cruciate ligament. He also had degenerative changes in his knee. He was referred to an orthopedic surgeon who performed an arthroscopic procedure on 05/22/02. He trimmed out a torn posterior horn of the medial meniscus and did a chondroplasty to help smooth the roughened articular surface of the knee. He apparently did not find a torn anterior cruciate ligament.

The patient did not do well following this procedure. He continued to have symptoms of degenerative arthritis in the knee. He had continued knee swelling with effusion, and went through a series of Hyalgan injections in December 2002 and January 2003. This gave him only slight improvement. He continued with some physical therapy and was declared to be at MMI on 04/28/03. He was given an 8% impairment rating because his x-rays revealed a narrowed medial joint space, measuring approximately 2.0 mm in width. The patient has been using an RS4i muscle stimulator on his knee.

**Disputed Services:**

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

**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 is insufficient documented evidence in the records provided for review giving objective evidence of the benefits that have been received by use of this unit. There is no creditable evidence in the orthopedic literature that established the effectiveness of the electrical stimulator for the long-term treatment of degenerative joint disease of the knee. The benefit for permanent use of the electric stimulator has not been established, and purchase of this unit is not felt to be medically necessary or within the standard of care for a knee injury of this type.

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 17, 2003

Sincerely,