

November 3, 2003

Re: MDR #: M2-04-0168-01  
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 physical medicine & Rehabilitation.

**Clinical History:**

The clinical history was obtained from the Workers' Compensation Commission Review Report of Medical Evaluation. The patient is a 39-year-old gentleman who injured himself on \_\_\_ while on his job. He fell and injured his right ankle, neck and back. He has an Impairment Rating, the last is believed to be on 07/24/03.

On 07/15/03, the treating physician's notes indicate in the last paragraph, i.e. in the Plan #3, near the end, the patient has already used the RS4 muscle stimulator unit without any improvement. He has been through some physical therapy with moderate improvement. However, it is noted that on 07/21/03, some six days later, in a "To Whom It May Concern" letter, the treating doctor states that the stimulator is helping and he lists all the benefits.

**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:**

The best argument against the stimulator is the documentation by the treating doctor. His note of 07/21/03, citing the patient's improvement with the use of the stimulator, is inconsistent with his previous note six days earlier in which he states the patient has had no improvement with the stimulator.

It was completely appropriate to order the unit. A patient with chronic pain can certainly benefit from one, and there are no problems with that. However, the patient properly used the multi-channel unit for many hours, with the comment that the unit has been of no value. This would then negate the decision to purchase one on a permanent basis.

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, MS-48  
7551 Metro Center Dr., Ste. 100  
Austin, TX 78744-1609

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 November 3, 2003

Sincerely,