

June 9, 2004  
Amended June 15, 2004

MDR Tracking #: M2-04-0254-01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor specialized in Occupational Therapy. The reviewer is on the TWCC Approved Doctor List (ADL). The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

#### CLINICAL HISTORY

\_\_\_ is a 47-year-old right-handed gentleman who suffered a work-related injury on \_\_\_. With a previous history of bilateral carpal tunnel syndrome and left cubital tunnel ulnar entrapment for which he had received decompression in the past, he was seen by \_\_\_ on 05/0302. He presented with numbness, tingling and pain to the right upper extremity for approximately one week. The numbness was to the right fourth and fifth digits and increased with activity, waking him at night. \_\_\_ proceeded with NCV/EMG studies. The impression was electrophysiological evidence of moderate right ulnar cubital tunnel compartment with axonal loss and old healed median nerve entrapment/injury without current conduction abnormalities or denervation.

\_\_\_ had a physical performance evaluation done. He was then seen by \_\_\_, D.O. who recommended surgical evaluation for right ulnar nerve transposition and to continue to the medications. He was then referred for physical therapy.

\_\_\_ was then seen by \_\_\_ for right knee pain, secondary to degenerative knee and recent arthroscopy. He was placed on medications. It appears that he was then given a trial usage of the requested Neuromuscular Electrical Muscle Stimulator; the certificate/letter of medical necessity for the unit was dated 08/07/03.

DISPUTED SERVICES

Under dispute is the medical necessity of the purchase of a BMR NT 2000 Neuromuscular Electrical Muscle Stimulator.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The records reviewed span 05/03/02 through 03/27/03. No current information was provided regarding this patient's injury, especially information that documents the need for the proposed purchase of this item.

Based on the lack of any recent medical information, there is no documentation for the proposed purchase of the requested DME. Furthermore, the reviewer does agree with the carrier's reason for denial of the proposed purchase of the unit. It is unlikely that the requested intervention will be helpful in alleviating \_\_\_'s pain Effectiveness in chronic pain has not been established in the peer-reviewed literature.

Therefore, based on the above information the reviewer finds that there is no documentation provided to support the medical necessity for the proposed purchase of the BMR NT 2000 Neuromuscular Electrical Muscle Stimulator.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy

As an officer of \_\_\_, Inc, dba \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,