

January 23, 2004

David Martinez
TWCC Medical Dispute Resolution
MS-48
7551 Metro Center Drive, Suite 100
Austin, TX 78744-1609

MDR Tracking #: M2-04-0325-01
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 with a specialty and board certification in Orthopaedic Surgery. 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

At the time of the injury ___ was approximately 62 years old, a right-hand dominant jewelry maker who had been working for the past 12 years for her employer, ___. There was no specific injury, other than the fact that in September 2002 she started using different tools and developed an onset of arm pain. She did not improve with conservative care, and filed a Worker's Compensation claim with a date of injury ___. She was evaluated by ___ for diagnosis and treatment, and was found to have multifocal areas of pain in the shoulder, wrist and elbow consistent with degenerative disease and a diagnosis of right shoulder AC arthritis, right elbow degenerative joint disease, right cubital tunnel syndrome, right radial tunnel syndrome and right ulnar abutment syndrome. It was recommended to start conservative care with non-steroidals and referred to physical therapy and placed into a splint. A follow up note on 4/2/03 from ___ revealed that the claimant still had pain, was better with the medicine and therapy but had primary elbow pain, was working regular duty. It was recommended to continue a myofascial program, and offer corticosteroid injection into the elbow and wrist. The next clinic note submitted for review was dated 5/21/03 where ___ reported that the claimant still had pain, but much less than before the injection. She was comfortable overall, reported sleeping at night, and it was recommended to continue with the myofascial program. It was documented in this clinic visit that a muscle stimulator was prescribed for spasms.

The CL was working regular duty doing everything she could without limitation. It was opined that she could finish up her therapy, go to a home program and return to the office p.r.n. A final clinic visit documented by ___ dated 8/4/03, approximately 3 months later, where ___ revealed that the claimant had finished therapy, went back to work, had increased pain. She reported on that note that the claimant had been using the RS4i muscle stimulator once a day. Physical exam revealed significant pain behaviors about the elbow. Repeat injection was provided. She was kept off of work for a week and recommended an MRI if the symptoms did not improve. There are no other clinic notes for perusal subsequent to this last note. In addition to the physicians notes are seven entries from the treating physical therapist, in which physical modalities were used including ultra sound, heat, ice, and therapeutic exercises. There was no mention of electrical stimulation, TENS or interferential provided in those supervised visits. A prescription was submitted for rental of the RS Medical device dated 5/22/03, and then a prescription for purchase was submitted 7/21/03. A letter regarding the use of this device was submitted 9/17/03, which was not on letterhead, reported that the claimant had decreased pain and increased function. A letter dated 9/23/03 discussed the medical necessity of a purchase, and again was not on letterhead.

REQUESTED SERVICE

The purchase of an RS-4i interferential and muscle stimulator is requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The rationale for this decision includes the following: TENS units, electrical stimulators and interferential devices have not been proven to have long-term efficacy in evidenced-based medicine for treatment of musculoskeletal conditions. The Philadelphia Panel, as submitted in evidenced-based medicine literature, specifically addresses the upper extremity efficacy and determined that there is insufficient data that a TENS unit, E-stim or combined rehabilitation modalities had any efficacy regarding utilization of these devices.

Also missing from the medical records for perusal for justification of purchase in this independent review is the data from the Smart Card that is usually available by ___ regarding the compliance of the patient regarding the utilization, both in frequency and duration.

In a chronic, inflammatory condition that is due to degenerative arthritis, still in the work-up phase may eventually be recommended for surgical intervention. It is unclear that a purchase of this device will have the desired efficacy and actually decrease medication use and increase activity.

In the absence of documentation that the device actually has been used as described, it is unclear the medical necessity for a purchase. In the absence of supervised physical therapy in utilizing this device or similar devices, in regard to efficacy is lacking as well, which makes the medical necessity unclear as well. There is no documentation that an electrical device such as a TENS unit has been tried as a more cost effective alternative.

___ 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 ___, 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 by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to 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 a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
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 other party involved in this dispute.

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 23rd day of January 2004.