

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0356-01
IRO Certificate No.: 5259

November 26, 2003

An independent review of the above-referenced case has been completed by a medical physician board certified in family practice. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

___ sustained a work related injury on ____. She had extensive conservative treatment including medications, physical therapy, splints, cortisone injections, and a muscle stimulator. Her last physician visit in the submitted records was 8/7/03, where she had improved but mild bilateral carpal tunnel syndrome symptoms, a slowly recurring left trigger thumb after a cortisone injection, and resolved left lateral epicondylitis symptoms.

REQUESTED SERVICE (S)

Purchase of an interferential muscle stimulator.

DECISION

Uphold prior denial.

RATIONALE/BASIS FOR DECISION

Many reasons are present to deny the purchase of this device. First and foremost, there is no peer review literature or accepted guidelines that support the use of this device for the patient's diagnosis over six months out from her initial treatment.

The community standard and accepted guidelines to support the use of this device is as adjunctive therapy in the acute phase. This view is supported by N.A.S.S., CMS, and the Philadelphia Panel Study. Secondly, the patient's usage log reflects use of the device on 27 out of 54 days (50%) and only 9 of the last 23 days (39%) reported. Thus, the compliance is questionable for this patient. Lastly, although the treating physician submitted a form letter to support the effectiveness of this device, the clinical notes submitted do not substantiate the effectiveness of this particular treatment for this patient. Therefore, the previous denial is upheld.

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 (20 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 **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a 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

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

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 5th day of December 2003.