

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0825-01
IRO Certificate No.: 5259

February 27, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. 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

Patient received treatment for a right ankle injury after tripping over a foot pedal and twisting ankle. Treatment included injections and physical medicine modalities.

REQUESTED SERVICE (S)

Prospective medical necessity of the proposed purchase of an RS4i muscle stimulator

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Interferential muscle stimulation has been shown to relieve chronic pain, reduce muscle spasm, prevent disuse muscle atrophy, increase local blood circulation and help increase ranges of motion.¹ I therefore disagree with the carrier's reviewer ___ who stated, "utilization of such a device has not been demonstrated to have efficacy...and therefore the efficacy and/or safety of the device would not be considered established."

However, in this case, no medical records were supplied to document that continued use of the home unit would offer additional benefit or that the device was medically necessary. In fact, there is not even a recent examination on which to evaluate the

¹ Glaser, JA, et al. Electrical Muscle Stimulation as an Adjunct to Exercise Therapy in the Treatment of Non-acute Low Back Pain: A Randomized Trial. Journal of Pain 2001; 2: 295-300

request. Although ____ (in her letter of November 21, 2003) opined that the device was indicated for this patient, her comments were essentially verbatim from letters signed by other doctors who have requested approval for the device. Therefore, her letter was not specific to this particular patient and thus had no bearing to the patient's clinical picture. Moreover, it is highly doubtful that this device at this stage of the injury would offer any benefit over a home exercise program.

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 2nd day of March 2004.