

May 11, 2004

Re: MDR #: M2-04-1130-01
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.

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.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. 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 Pain Management and is currently listed on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's
Carrier's correspondence & case summaries
Treating doctor's clinical notes: 08/03 – 02/04.
Rx for muscle stimulator

Clinical History:

This female claimant suffered a work-related injury on ____. Chronic left shoulder pain requiring continued treatment is the subject of this discussion. This claimant is status post a left rotator cuff repair. RS4 stimulator has been employed for the treatment of chronic pain and is recommended for continued/indefinite use.

Disputed Services:

Purchase of muscle stimulator

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that a muscle stimulator is medically necessary in this case.

Rationale:

The treating physician indicated a 50% reduction in pain lasting several hours after use of the RS4 device.

The claimant demonstrated in a questionnaire that the device relieved the pain and apparently reduced her reliance on analgesic medications. She also reported improvement in flexibility and better sleep patterns with the RS4 use. There is a discussion by the treating doctor on 2/26/04 discussing consideration for a second surgical opinion in a need to assess the adequacy of surgical repair. Pain continues to be the primary reason for such considerations. With objective reports of decreased pain and decreased reliance on analgesic medications, continued use of the RS4 device may, indeed, help avoid more expensive invasive maneuvers including surgery.

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 May 11, 2004.

Sincerely,