

May 10, 2004

Re: MDR #: M2-04-1145-01
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 the area of 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
Plan documentation, treating doctor's correspondence 03/03 – 03/04
Physical Therapy 09/03 – 1/4
Operative report 10/29/03; Radiology 08/25/03

Clinical History:

The text reviewed indicated a work-related injury on ___ with resultant complaints of knee and right shoulder pain. MRI of the right shoulder demonstrated acromioclavicular arthrosis with no indication of rotator cuff tear. Request for RS41 stimulator to treat the shoulder pain is the subject of this review.

Disputed Services:

Purchase of muscle stimulator

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that purchase of a muscle stimulator is not medically necessary in this case.

Rationale:

As research has shown, electrical stimulation devices may increase blood flow and help prevent atrophic muscle changes in some cases. The device apparently is requested for pain management. There are no indications in the material reviewed that discusses the objective validity of this device in that arena.

- Specifically, there is no mention of analog pain scale improvement.
- No objective review of improved function related to use of this device
- No specific reduction in analgesic and antiinflammatory medications as a result of the use of this device.

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
751 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 10, 2004.

Sincerely,