



Specialty Independent Review Organization, Inc.

November 9, 2004

Hilda Baker
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M2-05-0255-01
IRO #: 5284

Specialty IRO 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 Specialty IRO for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Specialty 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.

This case was reviewed by a licensed Medical Doctor who is board certified in Neurology. The reviewer is on the TWCC ADL. The Specialty IRO 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 Specialty IRO 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

___ suffered a motor vehicle accident on ___. This resulted in a subarachnoid hemorrhage, cervical sprain and left shoulder and left rib contusion. She was released back to full duty by Dr. C (specialty unknown), on July 20, 2004. Dr. K (specialty unknown) indicated that ___ reached MMI on August 6, 2004 with a whole body impairment of 0%. On that date, he reported a normal cervical and shoulder examination. On August 10, 2004 Dr. K wrote a letter requesting authorization for purchase of an RS-4i stimulator. No explanation is given why ___ needs the stimulator after she has reached MMI.

Records Reviewed:

- ER records, Orthopedic and Neurosurgery Consults, Del Sol Medical Center, 5/26/2004 – 5/27/2004
- X-ray and CT results, Thomason Hospital 5/26/2004 – 5/27/2004
- Clinical notes, TWCC status reports, treating doctor maximum medical improvement impairment rating, letter of medical necessity for the RS4i sequential stimulator, T. K, MD
- Clinic notes 6/8/2004, 7/20/2004 Dr. C, MD
- Letters, injury Management Organization 8-18-04, 8-20-04, 8-26-04, 8-30-04, 10-18-04, and reconsideration request (undated)
- Initial evaluation, Concentra integrated services, 6-11-04
- RS Medical Prescription, Dr. K, MD 6-17-04, 8-12-04
- Physical therapy initial assessment and progress notes, The El Paso Orthopedic Surgery Group and Center for Sports Medicine, 6/8/04 – 7/15/04
- RS Medical Request for Authorization and product description

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of the purchase of an RS4i sequential 4 channel combination interferential and muscle stimulator.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

There have been no controlled studies indicating persistent long-term benefit of the use of the RS4i neuromuscular stimulator. Review of multiple literature databases dating back to 2000 failed to reveal and peer reviewed studies indicating persistent benefit of the device. The use of the RS4i stimulator is not medically accepted for the use of chronic low back pain, neck, shoulder or limb pain. It's only Medical approved indications are for disuse atrophy and spinal cord injury. There criteria do not apply in ___'s case.

References:

Alves-Guerreiro, J., J.G. Noble, A.S. Lowe and D.M. Walsh. 2001. The effect of three electrotherapeutic modalities upon peripheral nerve conduction and mechanical pain threshold. *Clinical Physiology* 21 (6): 704-711.

Glaser, J.A., M.A. Baltz, P.J. Niertert and C.V. Bensen. 2001. Electrical muscle stimulation as an adjunct to exercise therapy in the treatment of non-acute low back pain: a randomized trial. *The Journal of Pain* 2 (5): 295-3000.

Johnson, M.I. and G. Tabasam. 2003. An investigation into the analgesic effects of interferential currents and transcutaneous electrical nerve stimulation on experimentally induced ischemic pain in otherwise pain-free volunteers. *Physical Therapy* 83 (3): 208-223.

Medicare Compliance Manual 2003: 917-918.

Minder, P.M., J.G. Noble, J. Alves-Guerreiro, I.D. Hill, A.S. Lowe, D.M. Walsh and G.D. Baxter, 2002. Interferential therapy: Lack of effect upon experimentally induced delayed onset muscle soreness. *Clinical Physiology and Functional Imaging* 22 (5): 339-347.

Palmer, S.T., D.J. Martin, W.M. Steedman, and J. Ravey, 1999. Alteration of interferential current and transcutaneous electrical nerve stimulation frequency: Effects on nerve excitation. *Archives of Physical Medicine and Rehabilitation* 80: 1065-1071.

Taylor, K., R.A. Newton, W.J. Personius and F.M. Bush, 1987. Effects of interferential current stimulation for treatment of subjects with recurrent jaw pain. *Physical Therapy* 67 (3): 346-350.

Van der Heijden, G., P. Leffers, P. Wolters, J. Verheijden, H. van Mameren, J. Houben, P. Knipschild, 1999. No effect of bipolar interferential electrotherapy and pulsed ultrasound for soft tissue shoulder disorders: a randomized controller trial. *Annals of Rheumatic Diseases* 58: 530-540.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) 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 (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 Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

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 ___11th _____ day of _November_, 2004

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: