7600 Chevy Chase, Suite 400
Austin, Texas 78752
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NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 9, 2004

Requester/ Respondent Address:

TWCC
Attention: Gail Anderson
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-1609

RS Medical
Attn: ___
Fax: 800-929-1930
Phone: 800-462-6875

Travelers
Attn: ___
Fax: 512-347-7870
Phone: 512-328-7055

RE: Injured Worker:
MDR Tracking #: M2-05-0355-01
IRO Certificate #: 5242

Forté has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

- Notice of IRO assignment and prepayment invoice

- Several daily chiropractics notes dated 4/13/04, 5/11/04, 5/21/04, 6/1/04, 6/15/04
- Several evaluation and management consultations from Dr. H, D.O. dated 4/26/04 and 5/3/04
- Several prescriptions from RS Medical regarding use of the unit
- Equipment update note from Dr. O, D.C., treating chiropractor, dated 7/21/04 essentially stating the claimant realized a reduction of spasms and relief of painful symptoms with use of the interferential muscle stimulator combination unit
- Letter of medical necessity from Dr. O dated 8/16/04 revealing the claimant had a pain level of 0/10 and she no longer required prescription pain medications. It was felt the claimant should have the muscle stimulator unit and interferential unit indefinitely in order to maintain the progress she had experienced to date.
- Another prescription for the unit dated 8/25/04
- Usual letter from RS Medical which reportedly they used to rationalize permanent use of the unit dated 9/14/04

Submitted by Respondent:

- Notice of IRO assignment
- Multiple, what appeared to be, case management type of notes or summary notes provided from an ___, RN dated 9/21/04, 9/15/04, 9/7/04, 9/2/04 and 9/1/04 essentially only dealing with the pre-authorization determinations

Clinical History

It was documented that the above mentioned claimant suffered knee injury during the normal course and scope of her employment on ___. The claimant underwent arthroscopic knee surgery in early May or perhaps late April 2004 to consist of arthroscopic repair and chondroplasty. The claimant underwent the usual post operative rehabilitation and seemed to recover adequately without complications. The claimant has seen a chiropractor in the pre and post surgical arenas.

Requested Service(s)

Purchase of an RS4i sequential 4 channel combination interferential and muscle stimulator

Decision

I agree with the carrier and find that the unit is or was not medically necessary especially for permanent use.

Rationale/Basis for Decision

There is an assumption by the treating chiropractor and RS Medical that the unit is responsible for the claimant's improvement when it was quite clear that the surgery and post operative rehabilitation was responsible for her improvement. The documentation suggests that, like thousands of other persons in the general population who undergo this procedure every month, the claimant underwent an uneventful and successful arthroscopic surgery and subsequently

recovered. The RS unit is not responsible for the claimant's improvement. It has been stated the claimant has reduced spasms from use of the unit. This makes no sense as it pertains to an internal knee derangement problem that involves no muscles. I have evaluated hundreds of knees in my 12 years of practice and I have never seen muscle spasms as a result of internal derangement of the knee. This would make the muscle stimulation portion of the unit not medically necessary. The interferential portion of the unit is for pain control and it has been documented that the claimant's pain is non-existent as of mid-August 2004, yet it does not attribute use of the unit to that decrease in pain. There is no documentation to suggest that it is the RS unit itself that is providing the claimant's relief or that she is perhaps miserable without use of the unit. Additionally, use of this unit for knee conditions is simply not appropriate in the first place especially beyond the acute phase of the injury and beyond the reasonable convalescence period following the surgery in any post operative rehabilitation that takes place. This claimant clearly had an uncomplicated problem which was addressed surgically and subsequently resolved without issue. There is no documentation at all to suggest that the claimant will need permanent use of the unit.

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 (28 Tex. Admin. Code 142.5(c)).

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 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744

Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this 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 patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 9th day of December 2004.

Signature of IRO Employee:

Printed Name of IRO Employee: