

December 30, 2004

Re: **MDR #:** M2-05-0464-01 **Injured Employee:**
 TWCC#:
 IRO Cert. #: 5055 **DOI:**
 SS#:

TRANSMITTED VIA FAX TO:

Texas Workers' Compensation Commission
Attention: Rosalinda Lopez
Medical Dispute Resolution
Fax: (512) 804-4868

REQUESTOR:
RS Medical
Attention: ____
(800) 929-1930

RESPONDENT:
Southwestern Bell Telephone
Attention: ____
(877) 622-6838

TREATING DOCTOR:
Dr. H, M.D.
(210) 615-8297

Dear ____:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI 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 Independent Review, Inc. 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 Neurology and Pain Management and is currently listed on the TWCC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. 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 December 30, 2004.

Sincerely,

Secretary & General Counsel
GP/thh

REVIEWER'S REPORT M2-05-0464-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

- Letter of medical necessity
- Correspondence
- Office notes 11/21/00 – 09/23/04
- Physical therapy notes 07/20/04 – 09/24/04

Information provided by Respondent:

- Correspondence

Clinical History:

This injured worker sustained a work-related injury on ____, requiring surgery to the knee. Progress notes indicate that this claimant has ongoing joint pain and right leg pain, and is being managed with anti-inflammatories. The use of a muscle stimulator device has also resulted in symptomatic improvement, reported both by the claimant as well as his treating physician. The claimant has undergone a right knee total arthroplasty.

Disputed Services:

Purchase of an RS 4i sequential 4-channel combination interferential and muscle stimulator unit.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that purchase of an RS4i muscle stimulator as stated above is medically necessary in this case.

Rationale:

The medical records provided clearly indicate this claimant reports that the stimulator unit has resulted not only in a significant reduction in a component of his pain, but that this in turn has resulted in a reduction in usage of medication, improvement in sleep, as well as improvement in physical activities involving movement, etc. Additionally, the claimant's physician has documented that the use of the stimulator has resulted in excellent results in decreasing pain and muscle spasms, as well as improving overall muscle condition.

Though I agree that the documentation provided does not necessarily indicate a reduction in the usage of pain medications, or increased physical activity capabilities, or other "clues" toward improved pain control with the use of this unit, I feel that there is enough documentation provided of the benefits on the use of this unit for this claimant that it would be medically reasonable and necessary to continue use indefinitely. There is no adequate reason to believe that the claimant is not being truthful in his report that the use of the unit has resulted in decreased pain, increased mobility and physical activity, increased ability to sleep, and a reduction on the reliance of pain medications.