

December 21, 2004

GAIL ANDERSON
TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M2-05-0498-01
CLIENT TRACKING NUMBER: M2-05-0498-01/5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

Records from the State:

Notification of IRO assignment, 12/10/04, 1 page.

TWCC MR-117, 11/24/04.

Medical dispute resolution request/response, received date 11/24/04, 3 pages.

Concentra's denial letter for RS-4i, 10/7/04, 1 page.

Concentra's denial letter for appeal purchase of the RS-4i, 10/22/04, 1 page.

Records from the Provider:

RS Medical prescription, 6/22/04, 1 page

Followup notes, 8/17/04 and 9/7/04, 2 pages

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RS Medical prescription, 9/22/04, 1 page
Letter from Dr. Fino, 9/24/04, 1 page
RS Medical fax transmittal form, 12/15/04, 1 page

Records from Patient Representative:

Peer Review Analysis report, 5/14/02, 2 pages
Peer Review Analysis facsimile transmission form, 5/14/02, 1 page
Brief discharge summary, 5/19/04, 1 page
Progress notes, 4/8/04 through 11/1/04, 4 pages
Texas Worker's Compensation work status report, 9/21/04, 1 page
Followup notes, 8/17/04 and 9/29/04, 2 pages
TWCC-69 Report of medical evaluation, 8/2/04, 1 page
Impairment rating evaluation, 8/2/04, 1 page
Followup notes, 4/17/04 through 7/15/04, 4 pages
Office visit notes, 1/23/04 and 2/20/04, 2 pages
Office report, 9/12/03, 1 page
Neurological consultation, 1/24/03, 2 pages
Letter from Dr. Hamer, 3/3/03, 1 page
Peer Review Analysis report, 3/31/04, 3 pages
Letter from Concentra, 4/28/03, 1 page
History and physical, 4/16/03, 4 pages
Fax cover letter from Dr. Chow, 11/20/02, 1 page
Office report, 10/29/02, 1 page
MRI report, 10/28/02, 2 pages
Texas Worker's Compensation work status report, 10/8/02, 1 page
Fax cover letter from Dr. Chow, 10/9/02, 1 page
Office notes, 8/12/02 and 10/8/02, 2 pages
Cervical spine MRI report, 11/21/01, 2 pages
Pathology report, 3/10/04, 1 page
Operative report, 3/10/04, 1 page
Operative report, 6/11/02, 2 pages
Progress note, 9/23/02, 2 pages
Daily progress note, 9/23/02, 1 page
Office note, 9/16/02, 1 page
Texas Worker's Compensation work status report, 9/16/02, 1 page
Daily progress notes, 9/3/02 through 9/13/02, 3 pages
Prescription for rehabilitation services, 9/1/02, 1 page
Texas Worker's Compensation work status report, 9/9/02, 1 page
Daily progress note, 8/13/02 and 8/16/02, 1 page
Texas Worker's Compensation work status report, 8/12/02, 1 page
Initial evaluation, 7/30/02, 3 pages
Texas Worker's Compensation work status report, 6/28/02, 1 page
Operative report, 6/11/02, 2 pages
Operative report, 5/15/03, 1 page
Operative report, 5/15/03, 1 page

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Certification approval notification, 5/16/02, 2 pages
Fax cover letter from Dr. Chow, 5/9/02, 1 page
Office note, 5/9/02, 1 page
Texas Worker's Compensation work status report, 4/24/02, 1 page
Office report, 4/24/02, 1 page
Texas Worker's Compensation work status report, 4/16/02, 1 page
Operative report, 2/18/02, 2 pages
Letter from Crawford & Company, 1/17/02, 3 pages
Fax coversheet from Crawford, 1/17/02, 1 page
Office report, 12/4/01, 1 page
EMG/nerve conduction study, 11/30/01, 2 pages
Cervical spine MRI report, 11/21/01, 2 pages
Office report, 11/6/01, 1 page
Fax coversheet from Dr. Chow, 11/8/01, 1 page
MRI of right elbow, 11/1/01, 2 pages
MRI of right shoulder, 10/31/01, 1 page
Preliminary report, 10/31/01, 1 page
Office report, 10/22/01, 1 page
Texas Worker's Compensation work status report, 10/22/01, 1 page
Office report, 10/15/01, 1 page
Texas Worker's Compensation work status report, 10/15/01, 1 page
Accident inquiry form, 10/13/01, 1 page
Office report, 11/6/01, 2 pages
MRI of right elbow, 11/1/01, 1 page
MRI of right elbow, 11/1/01, 1 page
MRI of C spine, 11/21/01, 1 page
MRI of right shoulder, 10/31/01, 1 page
Invoice, 3/22/04, 1 page
Letter from Dallas Branch, 2/5/04, 1 page
Office report, 1/7/04, 1 page
Facsimile transmittal form from Dr. Ramos, 2/5/04, 1 page
Admission note, 1/12/04, 1 page
Discharge report, 1/12/04, 1 page
Medical admission record, 1/7/04 through 1/13/04, 34 pages
Orders, 1/7/04 through 1/11/04, 6 pages
Consultation report, 1/12/04, 2 pages
Consultation report, 1/7/04, 2 pages
Admission history and physical, 1/7/04, 2 pages
Progress records, 1/7/04 through 1/12/04 6 pages
Anesthesia record, undated, 1 page
Pre-anesthesia assessment, 1/7/04, 1 page
Progress record, 1/8/04, 1 page
Echocardiogram report, 1/7/04, 2 pages
Echocardiogram report, 1/7/04, 2 pages
Stress report, 1/8/04, 1 page

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ECG report, 1/12/04, 1 page
Rhythm strips, 1/7/04 through 1/11/04, 9 pages
Assessment/intervention/response records, 1/7/04, 2 pages
Registration form, 1/7/04, 1 page
Chest x-ray report, 12/26/03, 2 pages
Facsimile transmittal form from Dr. Ramos, 11/6/03, 1 page
Initial neurosurgical consultation report, 11/3/03, 2 pages
Initial neurosurgical consultation report, 11/3/03, 2 pages
Office visit note, 10/22/03, 1 page
TWCC-69 Report of medical evaluation, 8/2/04, 1 page
Impairment rating evaluation, 8/2/04, 1 page
Office visit note, 10/1/03, 1 page
Office report, 9/12/03, 1 page
Cervical spine and myelogram report, 7/29/03, 3 pages
Facsimile transmittal form from Dr. Ramos, 11/11/03, 1 page
Chart note, 6/4/03, 2 pages

Summary of Treatment/Case History:

The patient is a 57 year old white female who received a work-related injury ___ to her neck, shoulders, and upper extremities. She has a history of COPD, severe hypothyroidism with myxedema, hyperlipidemia, OA, UTI's, and non-cardiac chest pain. Imaging studies of the C-spine were remarkable for a large central HNP at C5-6 and left paracentral disc osteophyte complexes at C6-7, C2-3. Diagnostic EMG/NCS studies revealed right ulnar nerve sensory mononeuropathy and atrophy of the hand intrinsic. Treatment has included: two anterior cervical fusions, a right ulnar nerve decompression, cervical ESI's, physical therapy, various pain medication and muscle relaxants, and a trial of RS-4i electrical stimulation.

Questions for Review:

Item in dispute: Please address prospective medical necessity of the proposed purchase of a RS-4i sequential, 4-channel combination interferential and muscle stimulator, regarding the above-mentioned injured worker.

Explanation of Findings:

The request for the purchase of the EMS unit in question is not medically necessary. According to the medical records, a trial of the less expensive TENS unit was not given prior to the use of the RS-4i stimulator. Given the fact that the medical literature concludes that the RS-4i is not more effective than a simple TENS unit, it would not be considered medically necessary. A less expensive unit, such as a TENS unit, may be more appropriate in this case.

Conclusion/Decision to Not Certify:

The proposed purchase of the RS-4i, sequential, 4-channel combination interferential and muscle stimulator is not medically necessary.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

Clinical indications as noted in the medical literature for use of EMS in pain management include acute (continued)

and chronic musculoskeletal pain; chronic neurogenic pain; general systemic pain; joint effusion or interstitial edema; protective muscle spasm; muscle disuse atrophy; dermal ulcer and wounds; and circulatory disorders.

References Used in Support of Decision:

- * No Effect of Bipolar Interferential Electrotherapy on Soft Tissue Shoulder Disorders: A Randomized Controlled Trial. Ann. Rheum. Dis. 1999; 58, Niedert PJ, Benson CV.
- * EMS as an Adjunct to Exercise...Non-Acute Low Back Pain: A Randomized Trial. J. Pain 2001, Oct; 2(5); 295-300. Alves, Walsh DM.
- * Physical Medicine and Rehabilitation, Second edition, 2000, Richard L. Braddom, M.D.

The physician providing this review is board certified in Physical Medicine & Rehabilitation. The reviewer holds additional certification in Pain Management. The reviewer is also a member of the Physiatric Association of Spine, Sports and Occupational Rehabilitation. The reviewer is active in research and publishing within their field of specialty. The reviewer currently directs a Rehabilitation clinic.

MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

YOUR RIGHT TO REQUEST A HEARING

Either party to the 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 as per 28 Texas 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 as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
POB 40669
Austin, TX 78704-0012

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

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It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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CC: Respondent
Requestor