



Specialty Independent Review Organization, Inc.

January 18, 2005

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

Patient:
TWCC #:
MDR Tracking #: M2-05-0537-01
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

___ was involved in a motor vehicle accident on ___. The records indicated that she suffered multiple traumas including several fractured ribs, fractured pelvis, lacerated spleen and liver, hemothorax and a closed head injury. When the emergency medical personal arrived, her Glasgow coma scale was 10 and she was unconscious and had labored respirations. When she was taken to the emergency room, her Glasgow coma scale was 3. A chest x-ray showed multiple ribs fractures on the left and a hemothorax on the left. She had a chest tube placed and she was transferred to the East Texas Medical Center where the next day she underwent an exploratory laparotomy and splenectomy and bronchoscopy. She was diagnosed with left rib fractures, ribs 1-9, left superior and inferior pubic rami fractures, closed head injury, left lung contusion, left sacral fracture. She had also had a prior medical history remarkable for trigeminal neuralgia, fibromyalgia, right-sided hearing loss and visual impairment and a history

of prior brain surgery. She eventually was transferred to the East Texas Medical Center Rehabilitation Unit and then discharged to outpatient rehabilitation services and then to the learning center for additional cognitive rehabilitation. Unfortunately, she had persistent problems with pain particularly rib area pain. Dr. C followed ___ during her hospitalization at East Texas Medical Center plus as an outpatient. He performed an exostosis of the 5th and 6th ribs of the left posterior chest wall on 08-28-03. Unfortunately after this surgery, she continued to complain of pain. Her physiatrist Dr. T requested use of an RS-4I stimulator for her pain management. At issue is the medical necessity for purchase of an RS-4I nerve stimulator to reduce ___'s pain.

Records Reviewed:

1. Medical records including transfer discharge summary and surgical consultation Dr. D, MD, Palestine Regional Medical Center, 02-25-03 and Dr. R, MD.
2. East Texas Medical Center Rehabilitation Hospital 03-19-03 through 04-30-03.
3. Office progress notes Dr. C, MD 06-03-03 through 07-16-03 plus operative report 08-28-03 and office progress note 09-10-03 and 10-27-03.
4. Office progress notes Dr. T, MD 05-19-03 through 10-18-04 plus EMG 05-19-04 plus impairment rating 06-28-04.
5. East Texas Medical Center Outpatient Rehabilitation assessment and progress record 06-11-03 through 01-21-04.
6. Ophthalmology examination 07-17-03 and 07-28-3 signature illegible.
7. Neuropsychological initial evaluation and psychology progress note Dr. H, PhD dated 07-15-03 through 10-01-03.
8. Independent psychological peer review Dr. F, PhD 08-31-03.
9. Occupational therapy progress reports the Transitional Learning Center at Galveston 04-09-03 through 04-14-03.
10. Case manager notes Rainbow Disability management 02-26-03 through 02-29-04.
11. Miscellaneous x-ray reports East Texas Medical Center.
12. Request for authorization for RS-4I sequential interferential muscle stimulator signed by Dr. T, MD plus multiple letters requesting authorization again signed by Dr. T dated 09-27-04, 2-25-03, plus product description and literature in support of use of the device.

REQUESTED SERVICE

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

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

___ suffered multiple traumas as a result of a motor accident on ___. She has multifocal pain particularly rib pain, which has been slow to respond to various pain modalities predominately narcotics and antidepressants and antiepileptic drugs. There are no peer reviewed controlled studies indicating long-term benefit of the use of an interferential sequential muscle stimulator unit in patient's with chronic pain disorders. Therefore the use of this device in ___'s case is neither medically necessary nor justified.

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 nonacute low back pain: a randomized trial. *The Journal of Pain* 2 (5): 295-300.

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 randomised controlled 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,

____, CEO

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,

____, CEO

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
___19th___ day of ___January___, 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: