MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity
IRO Decision Notification Letter

Date: 1/27/2005
Injured Employee:
MDR #: M2-05-0540-01
TWCC #
MCMC Certification #: 5294

DETERMINATION: Deny

Requested Services:

Please address prospective medical necessity of the proposed purchase of a RS4i sequential 4 channel combination interferential and muscle stimulator, regarding the above mentioned injured worker.

MCMC llc (MCMC) is an Independent Review Organization (IRO) that has been selected by The Texas Workers' Compensation Commission (TWCC) to render a recommendation regarding the medical necessity of the above requested service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 12/22/2004, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The purchase of RS4i stimulator is not medically necessary.

This decision is based on:

- TWCC Notification of IRO Assignment dated 12/22/2004
- TWCC MR-117 dated 12/22/2004
- TWCC-60 stamped received 12/6/2004 3 pgs
- Texas Association of School Boards letters dated 10/13/2004 2 pgs, 11/1/2004 2 pgs
- RS Medical fax cover dated 1/14/2005, Prescriptions dated 6/24/2004, 9/22/2004
- Dr. P, DC Chart note dated 9/16/2004; Letter of Necesssity dated 9/22/2004

The injured individual is a female with low back pain and internal derangement of the knee following her injury of ___. The Attending Provider (AP) recommended an interferential unit which the injured individual received on 06/24/2004. The DME company rep, ___, who handles this case, stated they had not received the computer chip to document usage although they had requested it on 11/03/2004. The AP wrote a letter dated 09/16/2004 which states the injured individual's pain levels and medications have decreased due to the unit. However, there are no clinical notes submitted to corroborate this. Based on lack of confirmation of device usage and claims of relief with the unit, medical necessity is not established.

This determination is also based on the literature, which does not document proven efficacy of this unit.. Reference #1 states that 50% of the patients in the study dropped out prior to completion, which questions the results of the study. Reference #2 states: "despite deficient support from sound research data..." which indicates studies on this are minimal. Reference #3 indicates interferential therapy is completely ineffective while Reference #4 summarizes that it is comparable to a TENS unit at best.

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5).

The reviewing provider is a Boarded Anesthesiologist and certifies that no known conflict of interest exists between the reviewing Anesthesiologist and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO.

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) days or your receipt of this decision (28Tex.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 **20** (twenty) days of your receipt of this decision (28Tex.Admin. Code 148.3©.)

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)**(2)** or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Workers' Compensation commission
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the 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 carrier, the requestor and claimant via facsimile or U. S. Postal Service from the office of the IRO on this

__27____ day of ___January_____ 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee_____