

January 12, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-0602-01

CLIENT TRACKING NUMBER: M2-05-0602-01 / 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 State:

- Notification of IRO Assignment dated 12/30/04 - 7 pages

Records from Provider:

- Office visits with Dr. Moore dated 6/7/04, 6/28/04, 7/9/04, 8/30/04 - 6 pages
- Prescription for RS4i stimulator dated 6/29/04 - 1 page
- Operative report dated 7/15/04 - 2 pages
- Office visits with Kyle Phillips, PA-C dated 7/26/04, and 8/9/04 - 2 pages
- Illegible note - 1 page
- Prescription for RS4i stimulator dated 9/14/04 - 1 page
- Letter of medical necessity for RS4i dated 9/16/04 - 1 page

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- Letter of appeal from the patient dated 11/19/04 - 1 page
- Fax Transmittal sheet dated 1/5/05 - 1 page

Summary of Treatment/Case History:

The patient is a 52-year-old male who was injured on _____. He sustained a massive rotator cuff tear and underwent repair of a 6 cm tear, and application of allograft rotator cuff patch on 5/25/04. On 6/28/04 a home exercise program, physical therapy and electrical stimulation was recommended. He reportedly did well until the second postop visit where he was noted to have a positive drop arm test and pain with abduction of the shoulder. An MRI arthrogram of 7/1/04 revealed a large recurrent tear of the rotator cuff tendon, post surgical changes and some edema in the humeral head and muscles around the shoulder girdle. On 7/15/04 the patient underwent arthroscopic debridement of the right shoulder, glenohumeral joint rotator cuff and bursa, arthroscopic massive rotator cuff repair for approximately a 10 cm new tear at the base of the old tear, and biceps tendon repair with tenodesis of the biceps tendon. On 8/9/04 he was reportedly improved, had moderate pain, and pain at night which awakened him from sleep. Range of motion was limited in extension, flexion, active/passive abduction and active/passive internal and external rotation. He had moderate tenderness of the lateral deltoid and atrophy. Muscle strength was +3/5. He was to start physical therapy, continue the home exercise program, increase motion and activity, and return to work light duty on 8/9/04. He was improved on 8/30/04, but had throbbing pain. He continued with limited range of motion, but was improved from prior. He had moderate anterior deltoid tenderness and mild tenderness of the biceps groove. An RS4i stimulator was again ordered on 9/14/04 to increase range of motion. The request was denied and the patient is appealing this as he continued with limitations and has noticed progress in the past few months.

Questions for Review:

1. Please address prospective medical necessity of the proposed purchase of an RS4i sequential four-channel combination interferential and muscle stimulator unit, regarding the above-mentioned injured worker.

Explanation of Findings:

Question 1: Please address prospective medical necessity of the proposed purchase of an RS4i sequential four-channel combination interferential and muscle stimulator unit, regarding the above-mentioned injured worker.

The patient is a 52-year-old male who sustained a massive rotator cuff tear and required repair and application of allograft rotator cuff patch on 5/25/04. He later was noted to have a large recurrent tear of the rotator cuff tendon and underwent arthroscopic debridement and repair on 7/15/04. He has had continued pain and limited motion. An RS4i stimulator was requested. While it is understood that the patient has had some relief with the device, an RS4i stimulator cannot be recommended as medically necessary as there is lack of proof in peer-reviewed literature, supporting that neuromuscular electrical stimulators are effective at providing long-term relief of pain.

Conclusion/Decision to Not Certify:

The purchase of an RS4i stimulator is not recommended as medically necessary.

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

ACOEM Guidelines, Chapter 9, page 203

The physician providing this review is board certified in Orthopaedic Surgery. The reviewer is a member of the American Medical Association, the Pennsylvania Medical Society, the Pennsylvania Orthopaedic Society, the American Academy of Orthopaedic Surgeons, the American College of Sports Medicine, and is an Orthopaedic Consultant for St. John LAS. The reviewer has also served on several committees including Chairman of the Department of Orthopaedics, the Operating Room Committee, the Medical Records Committee, and the Medical-Legal Committee. The reviewer serves as a Clinical Faculty Instructor of the Department of Orthopaedics at the university level. This reviewer has been in active practice since 1994.

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 receiving 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

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.

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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: RS Medical; St. Paul Mercury