

February 22, 2005

Bionicare Medical Technologies
Attn: Kim S
3060 Ogden Avenue, Suite 100
Lisle, IL 60532

VIA FACSIMILE
TASB
Attn: Jackie Rosga

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-05-0724-01
TWCC #:
Injured Employee:
Requestor: Bionicare Medical Technologies
Respondent: TASB Inc.
MAXIMUS Case #: TW05-0015

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the MAXIMUS external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in orthopedic surgery and is familiar with the condition and treatment options at issue in this appeal. The MAXIMUS physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a female who sustained a work related injury on _____. Treatment for this patient's condition has included medications consisting of NSAIDS, and physical therapy consisting of range of motion exercises and gentle stretching. The diagnoses for this patient have included left shoulder pain, myofasciitis medial border scapula, AC joint arthrosis, left shoulder SLAP lesion (possible), left shoulder partial tear rotator cuff, left shoulder impingement syndrome, left shoulder stiffness, left shoulder internal derangement, left shoulder traumatic

arthropathy, left shoulder biceps tendonitis, and left shoulder bursitis. In 5/2004 the patient underwent left shoulder arthroscopic surgery followed by postoperative therapy and treatment with a Bio-1000 stimulator. The purchase of the Bio-1000 stimulator has been recommended for further treatment of her condition.

Requested Services

Purchase of a Bio-1000 Stimulator.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Postoperative Progress Note 5/17/04
2. History and Physical 4/6/04
1. Office Notes 8/30/04, 9/2/04

Documents Submitted by Respondent:

2. Operative Note 4/10/03, 5/11/04, 1/10/03, 1/15/02, 4/24/97
3. Peer Review 10/8/03
4. EMG/NCV report 10/23/02
5. MRI report 11/12/01
6. RUE Electrodiagnostic Study report 4/30/01
7. Left Shoulder Arthrogram report 9/16/04
8. Physical Medicine/Daily Treatment Notes 1/11/02 - 11/10/04

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The MAXIMUS physician reviewer noted that this case concerns a female who sustained a work related injury to her left shoulder on _____. The MAXIMUS physician reviewer also noted that treatment for this patient's condition has included left shoulder arthroscopic surgery followed by physical therapy, and a Bio-1000 stimulator. The MAXIMUS physician reviewer further noted that the purchase of an Bio-1000 has been recommended for further treatment of this patient's condition. The MAXIMUS physician reviewer indicated that there is no Class I data to support the use of the Bio-1000 device over conventional physical therapy for the treatment of degenerative shoulder condition. The MAXIMUS physician reviewer explained that there is a lack of data supporting the use of a Bio-1000 device for the treatment of this patient's condition. Therefore, the MAXIMUS physician consultant concluded that the requested purchase of a Bio-1000 device is not medically necessary to treat this patient's condition at this time.

This decision is deemed to be a TWCC Decision and Order.

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 of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

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. (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/Appeals Clerk
P.O. Box 17787
Austin, TX 78744

Fax: 512-804-4011

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. (Commission Rule 133.308(t)(2)).

Sincerely,
MAXIMUS

Elizabeth McDonald
State Appeals Department

cc: Texas Workers Compensation Commission

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 22nd day of February, 2005.

Signature of IRO Employee: _____
External Appeals Department