

MCMC

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

Date.....2/23/05
Injured Employee.....
MDR #.....M2-05-0757-01
TWCC#.....
MCMC Certification #..5294

DETERMINATION: Denied

REQUESTED SERVICES: Please review the item in dispute to address the prospective medical necessity of the proposed BIO-1000 system, 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 2/2/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The Bio 1000 system is not medically necessary.

This decision is based on:

- TWCC Notification of IRO Assignment dated 2/2/05
- TWCC MR-117 1/31/05
- TWCC-60 stamped received 1/18/05
- TWCC-69 dated 12/28/04
- Concentra: Adverse Determinations dated 12/21/04, 12/31/04
- Jeffrey Lust, Esq.: Letter to TWCC dated 2/8/05
- North Dallas Diagnostic Center: result of Right Knee Arthrography done 5/19/04
- Karl Erwin, MD: IME dated 12/28/04
- Bionicare: Letter to Concentra dated 12/23/04; BIO-1000 product information; Bio-1000 Rx;
- McConnell Orthopedic Clinic, PA: Rx for DME dated 11/24/04; Statement of Medical Necessity dated 11/24/04; H&P dated 2/3/04
- JoAnn Wisdom DC: Progress Notes for DOS 10/19/04, 9/20/04 (51 pgs)
- Copy of Article by Wei Wang, et al, reprinted from Clinical Orthopedics and Related Research

The injured individual is a 41-year-old morbidly obese male (5'10, 255lbs) who had two knee arthroscopies in 02/2004 and 09/2004 due to his Workers Compensation injury of _____. Neither helped him and he had substantial physiotherapy after each procedure. The diagnosis was medial meniscal tear, synovitis and plica. The injured

individual had a passive CPM unit, which he returned presumably due to lack of improvement with it.

Although he is working and in physiotherapy, he continues to complain of knee pain. There is no definitive diagnosis of Osteoarthritis of the knee, which is what the BIO 1000 is FDA approved for. There is no indication in the literature that electrical stimulation of any type is a proven treatment modality or that it affects intra-articular cartilage, such as that found in the knee joint.

The literature provided with this case states: "this may be useful in vivo" (Ref #1) and "similar information about effects of electrical stimulation in articular cartilage is not yet available" (Ref #1). This paper dealt with an in vitro model, not in vivo. All other references included in this report indicate there is no conclusive evidence of one type of electrical stimulation being more effective than another and that the efficacy of any type of electrical stimulation is not proven. Finally, the FDA indication for this particular unit is for Osteoarthritis of the knee, which is not a specifically listed diagnosis for this injured individual.

REFERENCES:

1. Clin Ortho and Related Res Oct 2004;427S:S163-173 Wang W.
2. ACOEM guidelines 2004 pg 300.
3. Cochrane Data Syst R2001;(3):CD003222 Carroll D.
4. Cochrane Data Syst Rev 2002;(1):CD003523 Hulme J.
5. Journal of Pain Oct 2001;2(5):295-300 "Electrical muscle stimulation as an adjunct to exercise therapy in the treatment of nonacute low back pain: a randomized trial." Glaser JA.
6. Am J of Pain Management 1997;7:92-97 "Electrical Muscle Stimulation: portable electrotherapy for neck and low back pain: patient satisfaction and self-care." Wheeler, AH.
7. Clin Physiol 2001;21:704-11 "The effect of three electrotherapeutic modalities upon peripheral nerve conduction and mechanical pain threshold" Alves-Guerro
8. Ann Rheum Dis 1999;58:530-40 "No effect of bipolar interferential electrotherapy and pulsed ultrasound for soft tissue shoulder disorders: a randomized controlled trial" van der Heijden et al.

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

__23rd__ day of __February__ 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____