

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this 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 received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. 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 (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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 Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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.

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 March 23, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/thh

REVIEWER'S REPORT M2-05-0764-01

Information Provided for Review:
TWCC-60, Table of Disputed Services, EOB's
Information provided by Requestor:
Letter of medical necessity

EMG study 01/05/04
Radiology reports 08/15/03
Information provided by Respondent:
Correspondence
Information provided by Treating Doctor:
Office notes 03/15/04 – 01/11/05
Procedure notes 11/08/04 – 12/07/04

Clinical History:

The patient was injured while working on _____. He was initially treated at Parkland's Hospital and subsequently started seeing Dr. Richard Lane, D. O. The patient presented with sharp right knee pain, localized tenderness, locking, catching, and crepitus. The patient was found to have a knee injury and possible RSD. Physical modalities, including an interferential stimulator, were prescribed, although the stimulator was denied as medically unnecessary.

Disputed Services:

BIO-1000 system.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that a BIO-1000 system is not medically necessary in this case.

Rationale:

Based on the current edition of the AACOM Guidelines, interferential or electrical stimulation has been shown to be only effective for short-term use in the acute perioperative or post-injury phases to decrease narcotic pain medication use in association with the functional restoration program. The indication for chronic pain management and osteoarthritis has not been validated by peer review studies and not conformed to standard guidelines for medical treatment. In addition, there has been no evidence to suggest that this form of treatment is better than simple over the counter anti-inflammatory medications.