



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

Sincerely,

Gilbert Prud'homme  
General Counsel

GP/thh

#### **REVIEWER'S REPORT M2-05-0824-01**

**Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's  
Information provided by Requestor:

- Correspondence
- Physical therapy notes 08/26/04 – 11/08/04

Information provided by Respondent:

- Correspondence
- Designated doctor exams

Information provided by Treating Doctor:

- Office notes 08/17/04 – 01/24/05

**Clinical History:**

This claimant sustained a work-related injury on \_\_\_\_, resulting in chronic left shoulder pain and diagnosis of left shoulder impingement syndrome. She has been treated with injections, medications including muscle relaxers and short-acting narcotics, and the use of a muscle stimulator device. The treating physician, in multiple notes, has documented that this claimant has benefited significantly from the use of this device in decreasing her pain and muscle spasms and increasing her function. The claimant also has provided positive feedback on the use of this device as it relates to her pain condition, indicating that it has helped to reduce pain and increase mobility.

**Disputed Services:**

Purchase of an RS4i sequential four-channel combination interferential and muscle stimulator unit.

**Decision:**

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that purchase of an RS4i sequential four-channel combination interferential and muscle stimulator unit is medically necessary in this case.

**Rationale:**

There is nothing in the records upon review that would lead one to believe that the observations made both by the treating physician and the claimant are false or inaccurate. It appears clear that this claimant has benefited from the use of this device, which has been well tolerated and, therefore, would be appropriate for long term use. Though the reviewer agrees that the available documentation does not necessarily clearly identify a reduction in the use of pain medications or any objective increase in functionality, he believe these to be secondary factors and placed more weight on the observations made by the treating physician and patient.