



Specialty Independent Review Organization, Inc.

April 13, 2005

Hilda Baker
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M2-05-0888-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Medical Doctor with a specialty in Anesthesiology and Pain Management. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This is a 46 year old male patient who was involved in a motor vehicle accident on _____. The patient was driving a motor vehicle while at work when he swerved to avoid another vehicle and hit a motorhome in front of him. He states that he has pain on the right side of his neck, which radiates to his right shoulder. He has pain in the low back and also pain in the bilateral knees and the thoracic spine.

Records Reviewed:

1. Notice of utilization findings dated 12-1-2004 from Forte Utilization Review Department
2. Notice of utilization findings dated 2-15-2004.
3. Discharge summary from Sid Peterson Memorial Hospital dated 7-21-2004 and another discharge summary dated 7-24-2004 and 7-31-2004. In the discharge summary, there is a diagnosis of sprained back and neck and associated medical records were reviewed. On 7-21-2004, there were x-rays of the lumbosacral spine, cervical spine, right leg, and left knee. There was also emergency department record dated 7-30-2004 because of low back pain and bilateral knee pain.
4. An initial evaluation by Andrew Pratt, physical therapist, dated 8-2-2004 and physical therapy follow-up notes dated 8-3-2004 through 8-4-2004.
5. An initial evaluation by Luis Guimbarda, MD dated 8-2-2004 with follow-ups on 8-4-2004, 8-5-2004, 8-9-2004, 8-11-2004, 8-18-2004 and 8-20-2004.
6. Aquatic therapy notes from 8-9-2004 through 9-1-2004.
7. Physical therapy notes by Helen Cintron, P.T.A. dated 8-20-2004, 8-23-2004, 8-25-2004, 8-27-2004, 8-30-2004 and 9-1-2004.
8. Physical therapy notes by Frank Piazzzi, P.T.A. dated 10-4-2004.
9. A diagnostic interview dated 10-6-2004 by Franklin Brooks, Ph.D., psychologist.
10. Notice of utilization report dated 11-15-2004 and 12-15-2004.
11. Notes from therapy department from Work Hardening Program from 11-15-2004 through 12-17-2004.
12. A letter from Ephraim Brenman, M.D., a physiatrist, dated 11-17-2004.
13. Report of a medical evaluation by Marisa Inigo, M.D. dated 1-3-2005.
14. Notes from Luis Guimbarda, M.D. dated 8-4-2004, 8-8-2004, 8-11-2004, 8-25-2004, 9-17-2004, 10-13-2004, 12-20-2004, 1-5-2005 and 1-19-2005.
15. An MRI report of the lumbosacral spine dated 10-8-2004.
16. LMO Injury Center notes dated 11-4-2004 and 11-17-2004.
17. Notes from RS Medical, which are noted as patient usage reports.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a RS4i sequential 4 channel combination interferential and muscle stimulator.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that the purchase of this device is not medically necessary. There is no documentation that the patient had any trial of electrical stimulation or this stimulator to determine whether it would be beneficial to the patient. There is also no indication or

documentation that there was any change in the patient's condition, i.e., there was no documentation regarding range of motion and whether it changed or not with therapy. There is no indication whether the patient's medications were changed or whether there was level of activity change. Furthermore, there is no clear documentation that this device benefits the patient under these circumstances.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes 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, Texas Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 13th day of April, 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli