February 28, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M2-05-0927-01
CLIENT TRACKING NUMBER: M2-05-0927-01/5278

Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIoA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIoA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIoA for independent review.

Records Received:
RECORDS RECEIVED FROM THE STATE:
Notification of IRO Assignment for dated 2/7/05, 2 pages
TWCC-60 form dated 2/2/05, 3 pages
Letter from RS Medical to Texas Workers' Comp Commission dated 1/25/05, 1 page
RS Medical Selected Patient File Diary dated 1/25/05, 1 page

RECORDS RECEIVED FROM THE REQUESTOR:
Progress notes of Dr. Smith 08/21/01, 03/25/03, 10/28/03, 1/27/04, 03/05/04 and 7/27/04, 4 pages

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RS Medical, script for RS4i EMS, and supplies 09/15/04, 11/19/04, 2 pages
Letter of medical necessity from Dr. Howard Hassell to Cambridge dated 11/23/04, 2 pages
Letter of medical necessity from Dr. Howard Hassell to Cambridge dated 1/14/05, 1 page
Letter to RS Medical from ___ dated 1/31/05, 1 page
RS Medical Patient Usage Report 9/25/04-9/28/04, 2 pages
RS Medical Patient Usage Report 10/3/04 - 1031/04, 2 pages

RECORDS RECEIVED FROM THE TREATING PROVIDER:
Progress notes of Dr. H. Jay Hassell and Gene Smith 1/18/05, 7/27/04, 10/28/03, 3/25/03, 1/28/03, 1/11/02, 11/5/02, 11/12/01, 12/10/01, 12/13/01, 12/18/01, 10/12/01, 11/2/01, 10/4/01, 10/5/01, 8/21/01 and 9/7/01, 11 pages
TWCC-69 form dated 1/11/02, 1 page
South Texas Orthopaedic Physical Therapy and Rehab Impairment Evaluation dated 1/10/02, 5 pages
South Texas Orthopaedic Physical Therapy and Rehab Functional Capacity Assessment dated 1/4/02, 16 pages
Opensided MRI report dated 8/31/01, 1 page
Operative report dated 10/4/01, 3 pages

RECORDS RECEIVED FROM THE RESPONDENT:
Letter from Harris & Harris addressed to MRIoA dated 2/14/05, 3 pages
Medical Audit Consultants, Inc Preauthorization/Concurrent Review Form dated 12/10/04, 1 page
Medical Audit Consultants, Inc Preauthorization/Concurrent Review Form dated 2/9/04, 1 page
Medical Audit Consultants, Inc Preauthorization/Concurrent Review Form dated 2/20/04, 1 page
Medical Audit Consultants, Inc Preauthorization/Concurrent Review Form dated 3/6/03, 1 page

Summary of Treatment/Case History:
The patient is a 57-year-old male injured on ___ with a right shoulder injury. He was diagnosed with a full thickness tear to his rotator cuff and underwent an open surgical repair on 10/04/01. He had an uneventful postoperative period. The notes provided for review were very vague, however, during his post operative recovery the patient was given an RS4i electro- neural muscle stimulator to help with pain management. The records indicate that he continued to treat for shoulder pain with findings of glenohumeral arthritis. The patient was again provided a neuromuscular stimulator to help with pain control. On 02/04/04 the patient was notified that the RS4i unit was denied as not being medically necessary. The patient and Dr. Hassell have written letters of appeal for the continued use of the RS4i unit.

Questions for Review:
1. Please address prospective medical necessity of the proposed purchase of an RS4i sequential four channel combination interferential and muscle stimulator unit, regarding the above-mentioned injured worker.

Explanation of Findings:
The patient is a 57-year-old male injured on ___ with a right shoulder injury. He was diagnosed with a full thickness tear to his rotator cuff and underwent an open surgical repair on 10/04/01. The

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claimant continued to have right shoulder pain and was provided a neuromuscular stimulator for management of his pain. There is no proven benefit for the use of the RS4i EMS equipment and there is no proof that the long-term use of the unit will have a significant impact on improving the patient's condition. The neuromuscular stimulator is not recommended because there is no proven benefit for the use of this equipment in peer reviewed literature.

Conclusion/Decision to Not Certify:
1. Please address prospective medical necessity of the proposed purchase of an RS4i sequential four channel combination interferential and muscle stimulator unit, regarding the above-mentioned injured worker.
The proposed purchase of an RS4i sequential four channel combination interferential and muscle stimulator unit is not recommended as medically necessary.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:
ACOEM (2004). Occupational Medicine Practice Guidelines. L. S. Glass. Beverly Farms, MA, OEM Press, page 203.

This physician providing this review is board certified in Orthopaedic Surgery. The reviewer is a member of the American Academy of Orthopaedic Surgeons, the American Medical Association, their state Orthopaedic Society, the Eastern Orthopaedic Society, their state Medical Society, and is certified in impairment rating evaluations through the Bureau of Workers Compensation. The reviewer was part of the National Association of Disability Evaluating Professionals and was the Orthopaedic Advisor of a National Football League team. The reviewer has been in active practice since 1994.
MRIoA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

YOUR RIGHT TO REQUEST A HEARING

Either party to the 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 receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas 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 as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:
Chief Clerk of Proceedings
Texas Workers' Compensation Commission
POB 40669
Austin, TX 78704-0012

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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

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIoA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIoA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIoA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIoA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc: Requestor and Respondent