

provider. Your case was reviewed by a physician who is board certified in Pain Medicine and is currently listed on the TWCC Approved Doctor List.

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 May 2, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/thh

REVIEWER'S REPORT
M2-05-1020-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

Letter of medical necessity

Physical therapy notes

Information provided by Respondent:

Correspondence

Peer review reports 09/30/04 – 11/24/04

Clinical History:

This male patient has documented carpal tunnel syndrome in both arms. The records provided for review indicate that he has had no surgery for this carpal tunnel syndrome on either side. The requested service is an interferential stimulator for use in treating this carpal tunnel syndrome. There is some anecdotal evidence in the chart that he has experienced limited improved with this treatment over an extensive period of time.

Disputed Services:

Purchase of an RS4i sequential 4-channel combination interferential and muscle stimulator.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the equipment in dispute as stated above is not medically necessary in this case.

Rationale:

Given the limited documentation provided for review, the reviewer found no substantial indication that use of the muscle stimulator resulted in significant reduction in pain. No documentation was provided of reduction in pain medication, if any, was achieved during the period of usage. Also, after extensive review of the literature, the reviewer found no evidence that an interferential muscle stimulator is of any significant long-lasting value in the treatment of carpal tunnel syndrome.