

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Road, Irving, TX 75038
972.906.0603 972.255.9712 (fax)

March 30, 2005

ATTN: Program Administrator
Texas Workers Compensation Commission
Medical Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100
Austin, TX 78744

Delivered by fax: 512.804.4868

MDR TRACKING NUMBER: M2-05-1129-01

RE: Independent review for ____
Notice of Determination

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 3.16.05.
- Faxed Notice of Assignment with request for provider records on 3.17.05.
- The case was assigned to a reviewer on 3.25.05.
- The reviewer rendered a determination on 3.29.05.
- The Notice of Determination was sent on 3.30.05.

The findings of the independent review are as follows:

Summary of Clinical History

Claimant developed pain in neck and right upper extremity from overuse with no specific injury. MRI of the cervical spine showed spondylitic changes. MRI of the right shoulder showed degenerative changes. Electrodiagnostic testing showed bilateral carpal tunnel syndrome. Diagnoses include cervicalgia, right shoulder pain, carpal tunnel syndrome, and cervical radicular pain/radiculopathy.

Questions for Review

Prospective medical necessity of the proposed purchase of RS4i interferential muscle stimulator.

Determination

Neuromuscular stimulator not medically necessary. **UPHOLD** denial.

Clinical Rationale

A review of the relevant medical literature found no evidence to support the use of neuromuscular stimulation in the long-term treatment of chronic neck/extremity pain or carpal tunnel syndrome. While short-term (two to three month) use may provide some relief of subjective pain complaints, the available studies do not demonstrate efficacy with prolonged use. Specifically in this claimant, no evidence is

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Road, Irving, TX 75038
972.906.0603 972.255.9712 (fax)

provided of objective improvement of his conditions. Therefore, the long-term use of a neuromuscular stimulator in this claimant would not be considered medically necessary.

Clinical Criteria, Utilization Guidelines or other material referenced

Generally accepted professional standards of care.

The reviewer for this case is a physician licensed by the Texas State Board of Medical Examiners. The reviewer is board certified in internal medicine and ambulatory medicine. The reviewer has been engaged in the full time practice of medicine since 1996. He treats approximately 8,000 patients per year, a good portion of whom present with occupational injuries.

The review was performed in accordance with Texas Insurance Code §21.58C and the rules of the Texas Workers Compensation Commission. In accordance with the act and the rules, the review is listed on the TWCC's list of approved providers, or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and any of the providers or other parties associated with this case. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

In accordance with TWCC Rule 102.4 (h), a copy of this 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 30th day of March 2005.

If our organization can be of any further assistance, please feel free to contact me.

Sincerely,

Meredith Thomas
Administrator

CC: RS Medical
Attn: Joe Basham
Fax: 800.929.1930

Texas Department of Transportation
Attn: Janet Seaton
Fax: 512.416.3420

[Claimant]