

provider. Your case was reviewed by a physician who is board certified in Physical Medicine and Rehabilitation, and in Pain Management 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

Sincerely,

Gilbert Prud'homme
General Counsel

GP/thh

REVIEWER'S REPORT
M2-05-1233-01

Information Provided for Review:

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

Information provided by Requestor:

Correspondence

Office notes 10/28/02 – 12/20/04

Physical Therapy notes 09/29/04 – 12/20/04

Operative reports 10/26/99 – 08/16/01

Radiology reports 10/12/99 – 07/06/00

Information provided by Respondent:

Correspondence

Clinical History:

This patient underwent multiple orthopaedic procedures on the right foot at the ankle. A tissue expander eroded through the skin, and the patient developed gangrene necessitating removal of expander. He has had significant chronic pain issues as a result of the above.

Disputed Services:

Proposed purchase of a RS 4i sequential, four channel combination interferential & muscle stimulator.

Decision:

The reviewer disagrees with the determination of the insurance carrier in this case.

Rationale:

The claimant has had documented significant pain reduction with the use of this modality. The amount of pain reduction can easily make a difference between, and being able to, maintain employment versus not. Additionally, his quality of life will improve, or at least will be significantly better with utilization of this unit. In all likelihood, this would at least lessen the frequently associated depression with chronic pain patients or that chronic pain patient's experience. Additionally, as has been documented, his analgesic medication necessary on a daily basis has decreased when he utilizes the Rs4i unit.