

April 28, 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

Notice of Determination

MDR TRACKING NUMBER: M2-05-1259-01

RE: Independent review for ____

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

- Parker Healthcare Management received notification of independent review on 3.31.05.
- Fax request for provider records made on 4.1.05.
- The case was assigned to a reviewer on 4.18.05.
- The reviewer rendered a determination on 4.26.05.
- The Notice of Determination was sent on 4.28.05.

The findings of the independent review are as follows:

Questions for Review

Medical necessity of the proposed purchase of an RS-4i interferential and muscle stimulator.

Determination

After reviewing all medical records provided, the Parker Healthcare Management Physician reviewer determined the denial should be **overturned**.

Summary of Clinical History

The patient sustained an on the job injury on ____.

Clinical Rationale

The rationale used by the respondent to deny purchase of an RS-4i interferential and muscle stimulator was that the requestor, Dr Robert Henderson, had failed to provide sufficient documentation to justify the medical necessity for this device in the treatment of the injured worker, _____. The denials state that medical necessity for a RS-4i interferential and muscle stimulator had not been established in literature on long-term control studies versus other devices or other appropriate exercise based rehabilitation programs; records failed to document the condition of Mr. _____ and the basis for the medical necessity of

this device or any justification from any medical doctor supporting the need for this device and/or how this device will promote recovery in decreased medication utilization.

Dr. Henderson did submit the patient's usage reports which support the effectiveness of the device. The usage reports document the patient's subjective response to treatment while using the RS-4i interferential and muscle stimulator. Mr. ___ reported to be using significantly less narcotic medication, due to pain relief, and reported that he is able to sleep better. Medicine is an art which is grounded in science. The fact of the matter is that most treatments offered in the practice of medicine, especially in the management of pain, have not been subjected to long-term prospective double blind controlled studies versus other devices or even an appropriate exercise based rehab program. In fact, Mr. ___ has had several treatments (multifaceted), including surgical intervention as well as an appropriate exercise based rehab program, as well as medication, and the use of the RS-4i interferential and muscle stimulator. The goal in the practice of medicine is to provide appropriate care to improve the patient's condition in an efficacious manner with the least amount of risk. Dr. Henderson believes that he is prescribing lower dosages of dangerous narcotics to help control the patient's pain and the patient believes that he is using lower amounts of narcotic to control his pain. It is well known and understood that narcotics are dangerous and have a significant potential for abuse, misuse and habituation. The RS-4i interferential and muscle stimulator has none of this negative effects. It is indeed unfortunate that there is no study in the literature; due to this fact, the doctor is required to rely on the art of practicing medicine to make a determination on necessity. It is my impression that this is an appropriate way to practice medicine in the absence of an evidence based study and until such a study demonstrates the futility of such a treatment, the physician is forced to rely upon the patient's interpretation of the treatment, coupled with the physician's experience. Since pain is impossible to define, pain continues to be what the patient states that it is. The alternative is for the patient to continue to have more severe pain, requiring more narcotics and more invasive treatments, all costing more to the insurance carrier.

Clinical Criteria, Utilization Guidelines or other material referenced

Generally accepted professional standards of care.

The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer is a diplomat of the American Board of Orthopedic Surgery, and is engaged in the full time practice of medicine.

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 28th day of April 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

Federal Insurance Co.
Attn: Robert Josey
Fax: 512.346.2539

[Claimant]