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NOTICE OF INDEPENDENT REVIEW DECISION

Date: April 27, 2005

Requester/ Respondent Address:

TWCC
Attention:
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-1609

RS Medical
Attn: Joe Basham
Fax: 800-929-1930
Phone: 800-462-6875

Texas Mutual Insurance Co
Attn: Ron Nesbitt
Fax: 512-404-3980
Phone: 512-322-8518

RE: Injured Worker:

MDR Tracking #: M2-05-1320-01

IRO Certificate #: 5242

Forté has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an orthopedic surgery reviewer (who is board certified in orthopedic surgery) who has an ADL certification. The physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

- Office notes from Dr. Ali Mohamed from 9/30, 10/14, 11/8, 11/22/04 and 1/27/05.
- RS Medical prescription for RS4I interferential unit
- RS Medical prescription purchase 1/28/05

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- Letter for purchase 1/28/05
- RS Medical usage report 3/3/05

Submitted by Respondent:

- MRI of the cervical spine 3/19/04
- MRI of the right shoulder 3/19/04
- Office notes from Dr. Mohamed dated 11/22/04, 1/27/05
- Office notes from Dr. Andrew Required Medical Exam 10/25/04
- Office notes from Dr. Nowlin Independent Medical Exam 6/21/04
- Office notes from Dr. Esses 4/12/04
- Office notes from Dr. McMillan 8/18/04, 11/18/04
- Procedure note from Dr. Mohamed, epidural steroid injection, 11/17/04
- Functional capacity evaluation 12/13/04
- Denial letter for purchase of RS4i interferential unit 2/4/05, 2/10/05
- RS Medical prescription purchase 1/28/05
- Letter from Dr. Mohamed for purchase 1/28/05
- Packet of RS4i documents for authorization

Clinical History

The claimant works as a machinist at times lifting objects up to 70 or 80 pounds multiple times a day. He sustained an injury to his neck and shoulder area in _____. The claimant did have imaging studies of the cervical spine and right shoulder. The MRI of the cervical spine showed a diffused bulge at the C3-4 level slightly left-sided. There was a Grade I impingement and tenosynovitis of the rotator cuff on the MRI of the shoulder. The claimant failed conservative care in the form of epidural steroid injections, physical therapy and shoulder injections. He was given a prescription in November 2004 for an RS4i interferential muscle stimulator. He completed a trial of 2 months. It was recommended that a purchase be granted 1/28/05.

Requested Service(s)

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

Decision

I agree with the carrier that purchase of the unit is not medically necessary.

Rationale/Basis for Decision

The documentation does not support that the unit provided any benefit in reducing the claimant's symptomatology as the recorded pain scores are unchanged. There is no objective evidence that the claimant had improved functions such as measured range of motion. There is also no documentation that the unit provided benefit such as returning the claimant to work. The notes I have demonstrate the claimant had returned to work prior to the recommended purchase of the unit. In conclusion, the documentation does not show efficacy to justify purchase of the unit.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the 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 **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

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 **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744

Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 27th day of April 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder