

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date:	5/9/05
Injured Employee:	
Address:	
MDR #:	M2-05-1331-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES:

Review the item in dispute to address prospective medical necessity of the proposed purchase of a an RS4i unit, regarding the above mentioned injured worker.

DECISION:UPHELD

MCMC llc (MCMC) is an Independent Review Organization (IRO) that has been selected by The Texas Workers' Compensation Commission (TWCC) to render a recommendation regarding the medical necessity of the above requested service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 4/7/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The purchase of an RS4i stimulator is not medically necessary.

CLINICAL HISTORY:

The injured individual is a 67-year-old female with a date of injury of ___ and resultant right shoulder pain.

RATIONALE:

The injured individual has had physiotherapy (PT), injections and medications with no relief. Her pain was noted to be 10/10 on 08/21/2004 when she was supplied with the RS stimulator. She used it almost daily for over a month. Her pain score on 11/24/2004 was still 10/10. Medications are not listed so its impact on them is unknown. Based on the lack of improvement in pain, as noted clinically while using the stimulator, purchase of the stimulator is not supported. Based on the literature, which does not document proven efficacy of this unit, it is also denied due to a lack of necessity. Ref #1 states 50% of the patients in the study dropped out prior to completion, which questions the results of the study. Ref #2 states: "despite deficient support from sound research data..." which indicates studies on this are minimal. Ref #3 indicates interferential therapy is completely ineffective while Ref #4 summarizes that it is comparable to a TENS unit at

best. Ref #5 states: "No clinically important benefit of different frequency TENS treatment." Ref #6 states: "The application of interferential therapy had no overall beneficial effect on delayed muscle soreness." Finally, Ref #7 states: "Experimentally induced cold pain was not influenced by interferential treatment."

The Attending Physician wrote a letter of request dated 01/17/2005 which states the "stimulator provided excellent relief in her pain." This statement is not supported by the submitted records. The stimulator is not recommended as it had no impact on her pain. It is also not recommended since it is an unproven treatment regimen according to the literature.

REFERENCES:

1. Journal of Pain Oct 2001;2(5):295-300 "Electrical muscle stimulation as an adjunct to exercise therapy in the treatment of nonacute low back pain: a randomized trial." Glaser JA.
2. Am J of Pain Management 1997;7:92-97 "Electrical Muscle Stimulation: portable electrotherapy for neck and low back pain: patient satisfaction and self-care." Wheeler, AH.
3. Clin Physiol 2001;21:704-11 "The effect of three electrotherapeutic modalities upon peripheral nerve conduction and mechanical pain threshold" Alves-Guerro.
4. Ann Rheum Dis 1999;58:530-40 "No effect of bipolar interferential electrotherapy and pulsed ultrasound for soft tissue shoulder disorders: a randomized controlled trial" van der Heijden et al.
5. Phys Ther Oct 2001 81(10);"Philadelphia panel evidence based clinical practice guidelines on selected rehabilitation interventions for low back pain".
6. Clin Physiol Func Imaging Sept 2002;22(5):339-47 Minder PM.
7. Arch Phys Med Rehab Sept 2003;84(9):1387-94 Johnson MI.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment
- TWCC MR-117
- TWCC-60
- St. Paul Travelers: Denial letters dated 1/28/05, 2/10/05
- Family Medical Center of Georgetown: History and Physical dated 8/21/04, 11/24/04
- RS Medical: Prescription dated 8/22/04, 1/21/05; Patient usage reports for 8/20/04 through 10/3/04
- Murray Snook, MD: Letter of Medical Necessity dated 1/17/05

The reviewing provider is a Boarded Anesthesiologist and certifies that no known conflict of interest exists between the reviewing Anesthesiologist and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO.

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) days or your receipt of this decision (28Tex.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 **20** (twenty) days of your receipt of this decision (28Tex.Admin. Code 148.3©.)

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Workers' Compensation commission
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the 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 carrier, the requestor and claimant via facsimile or U. S. Postal Service from the office of the IRO on this

9th day of May 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____