

# Parker Healthcare Management Organization, Inc.

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May 11, 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: M2-05-1345-01  
RE: Independent review for \_\_\_\_

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

- Parker Healthcare Management received notification of independent review on 4.14.05.
- Faxed request for provider records made on 4.15.05.
- The case was assigned to a reviewer on 5.2.05.
- The reviewer rendered a determination on 5.9.05.
- The Notice of Determination was sent on 5.11.05.

The findings of the independent review are as follows:

### Questions for Review

Medical necessity in regards to the preauthorization of the purchase of an RS 41 Sequential 4 channel combination interferential and muscle stimulator

### Determination

Upon review of all medical records received, the PHMO reviewer determined to **uphold the denial** regarding the preauthorization of a purchase of the RS 41 Sequential 4 channel combination interferential and muscle stimulator.

### Summary of Clinical History

Ms. \_\_\_\_ is a forty-seven year old female who sustained an injury on the job on \_\_\_\_\_. The injuries were located in her neck and low back. The insurance carrier denied the purchase of an RS 41 Sequential 4 channel combination interferential and muscle stimulator. The denial reasoning was "a lack of medical necessity" and failure to establish peer to peer contact.

### Clinical Rationale

There is documentation that during the time in which the stimulator was used it made the patient better at that time. However, the patient continued to receive prescriptions for narcotics and sleep agents to control symptoms. With these prescriptions, it appears that the device is not controlling the symptoms enough to justify the purchase of this unit. Dr. Keepers states in November of 2004 that he is trying to

wean her off medication, but still has to refill meds and does not allude to any facts that stimulator usage is helping wean the patient off the medications.

## Clinical Criteria, Utilization Guidelines or other material referenced

*Occupational Medicine Practice Guidelines*, Second Edition.

*The Medical Disability Advisor*, Presley Reed MD

*A Doctors Guide to Record Keeping*, Utilization Management and Review, Gregg Fisher

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The reviewer for this case is a doctor of chiropractic peer matched with the provider that rendered the care in dispute. The reviewer is a diplomat of the American Chiropractic Neurology Board, and serves as an Associate Professor with the Carrick Institute. The reviewer has added credentials in clinical nutrition, rehabilitation and electrodiagnostic medicine. The reviewer is engaged in the practice of chiropractic on a full-time basis.

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 11 day of May 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

TX Mutual Insurance  
Attn: Ron Nesbitt  
Fax: 512.404.3980

[Claimant]