



Specialty Independent Review Organization, Inc.

May 4, 2005

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M2-05-1416-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor with a specialty in Neurology. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ was employed as a school bus driver. On ___ while at work she stated she bumped her right knee on a radio. She had an MRI of her right knee on December 2, 2002 and was found to have a medial meniscus tear.

___ underwent repair of the right medial meniscus tear by Dr. Mark Maffett by an arthroscopic procedure on August 6, 2003. The procedure consisted of a partial medial meniscectomy, a chondroplasty of the medial femoral condyle and chondroplasty of the patella and trochlea.

Evidently, according to notes from Dr. Barry Liberoni who is ___'s primary care physician she continued to have some difficulties with her right lower extremity and had an MRI of the lumbar spine and an EMG of the right lower extremity. The EMG was performed on January of 2004

and was consistent with a right superficial peroneal neuropathy at the fibular head with mild chronic denervation in the right peroneus longus. Please note the actual EMG report is not submitted.

On ___ she had another incident while driving the bus. She apparently slammed on the brakes with her right foot in response to being rear-ended and developed worsening pain in her right knee. She went to Matagoda County Hospital Emergency Department where she was noted to have an abnormal gait limited by pain with inability to bear weight. She had tenderness but no ecchymosis, joint effusion, limited range of motion or deformity. X-rays of the right knee taken in the ER showed mild narrowing along the medial aspect of the knee joint suggesting cartilaginous degenerative change, but no spurring or marginal sclerosis. She was placed in an ACE wrap and given Darvocet and instructed to follow-up with her primary care physician in 2 days.

She presented to Dr. Ihsan Shanti from the Shanti Pain and Wellness Clinic on August 27, 2004 the day after her accident because of right knee pain. Dr. Shanti documented a normal examination with the exception of tenderness to palpation of the right knee and limited range of motion of the right knee with reduced muscle strength and reduced muscle tone. He prescribed Celebrex and physical therapy with instructions to follow-up in 3 weeks. She was seen again on September 15, 2004 with continued pain and Dr. Shanti recommended an MRI of the right knee. This was performed on September 27, 2004 and showed a small horizontal tear of the posterior horn of the medial meniscus communicating with the periarticular surface at the junction of the posterior body and posterior horn. A discoid lateral meniscus was present, but a lateral meniscus tear was appreciated. No bucket handle fragment was seen.

___ saw another orthopedic doctor, Dr. Thomas Rivers who noted that there was tenderness over the anterior knee and over the medial and lateral joint lines with severe pain with passive extension with ability to flex up to 90 degrees and no gross instability. Her extensor mechanism was intact. He thought that the MRI showed a significant joint effusion plus a benign appearing lesion of the posterior femoral condyle. He felt her symptoms were not typical of meniscal type pain and was concerned about the possibility of RSD. He recommended Neurontin and referral to Dr. Sickeler, a pain management specialist.

___ was seen by Dr. Sickeler on November 10, 2004 and who felt her examination showed atrophy of the quadriceps on the right with mild to moderate hyperpathia to touch and pressure over the distal quadriceps, patella, and lateral knee, but no frank edema, cyanosis, mottling or hyperhydrosis. He felt she may have some sympathetically mediated pain, but her symptoms were not classic for reflex sympathetic dystrophy. He felt there was also some degree of disuse atrophy or quadriceps deconditioning. He recommended diagnostic lumbar sympathetic blocks and neuromuscular stimulation and ordered an RS-4i stimulatory unit.

Subsequent notes from Dr. Sickeler dated 01/26/05 that she was having relief with the application of her neuromuscular stimulator. He performed a diagnosed lumbar sympathetic block on the right at L2 on January 12, 2005.

Documents reviewed:

1. Pre-authorization decision and rationale: Texas Association of School Boards Inc. February 4, 2005.
2. Pre-authorization decision and rational reconsideration: February 22, 2005.
3. Operative Report: Cypress Ambulatory Surgery Center, Mark Maffett, MD August 6, 2003.
4. Report of Medical Evaluation: Praful Bole, MD January 21, 2004.
5. Medical Report: N. F. Tsourmas, MD February 5, 2004.
6. Correspondence and Office Progress Notes: Barry Liberoni, MD August 5, 2004 through February 9, 2005.
7. Emergency Department Records: Matagorda General Hospital, August 26, 2004.
8. Office Progress Notes: Shanti Pain and Wellness Clinic, August 27, 2004.
9. Evaluation summary, progress notes, and correspondence: TIRR Rehabilitation Centers, September 3, 2004 through September 29, 2004.
10. Letters to Whom It May Concern: Mark Maffett, MD October 5, 2004.
11. New patient office visit: Thomas B. Rivers, MD October 19, 2004.
12. Office progress notes and procedure reports: Robert Sickeler, MD November 10, 2004 through January 12, 2005.
13. Medical Report and addenda: Michael M. Albrecht, MD November 24, 2004 through February 7, 2005.
14. Case Management Notes: Intracorp, Cathy Avinger, RN November 30, 2004 through March 7, 2005.
15. MRI of the Right Knee: Sugarland MRI and Diagnostic July 20, 2004.
16. MRI of the Lumbar Spine without contrast: March 11, 2005.
17. AP and lateral views of the right knee: August 26, 2004.
18. MRI of the right knee: North Freeway Imaging September 27, 2004.
19. Correspondence letters of medical necessity and prescriptions and patient usage diary: R. S. Medical.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of the purchase of a RS4i sequential 4 channel combo interferential and muscle stimulator.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

There are no controlled, peer reviewed studies indicating long-term benefit of the above-cited medical device. It is Medicare approved for use in spinal cord injury and disuse atrophy. Its role

in treatment of chronic extremity pain is not established. Studies addressing the use of this device in looking at shoulder joint pain have shown no benefit over other treatment modalities.

References:

Alves-Guerreiro, J., J.G. Noble, A.S. Lowe and D.M. Walsh. 2001. The effect of three electrotherapeutic modalities upon peripheral nerve conduction and mechanical pain threshold. *Clinical Physiology* 21 (6): 704-711.

Glaser, J.A., M. A. Baltz, P.J. Niertert and C.V. Bensen. 2001. Electrical muscle stimulation as an adjunct to exercise therapy in the treatment of nonacute low back pain: a randomized trial. *The Journal of Pain* 2 (5): 295-300.

Johnson, M.I. and G. Tabasam 2003. An investigation into the analgesic effects of interferential currents and transcutaneous electrical nerve stimulation on experimentally induced ischemic pain in otherwise pain-free volunteers. *Physical Therapy* 83 (3): 208-223.

Medicare Compliance Manual 2003: 917-918.

Minder, P.M., J.G. Noble, J. Alves-Guerreiro, I.D. Hill, A.S. Lowe, D.M. Walsh and G.D. Baxter. 2002. Interferential therapy: lack of effect upon experimentally induced delayed onset muscle soreness. *Clinical Physiology and Functional Imaging* 22 (5): 339-347.

Palmer, S.T., D.J. Martin, W.M. Steedman, and J. Ravey. 1999. Alteration of interferential current and transcutaneous electrical nerve stimulation frequency: effects on nerve excitation. *Archives of Physical Medicine and Rehabilitation* 80: 1065-1071.

Taylor, K., R.A. Newton, W. J. Personius and F.M. Bush. 1987. Effects of interferential current stimulation for treatment of subjects with recurrent jaw pain. *Physical Therapy* 67 (3): 346-350.

Van der Heijden, G., P. Leffers, P. Wolters, J. Verheijden, H. van Mameren, J. Houben, P. Knipschild. 1999. No effect of bipolar interferential electrotherapy and pulsed ultrasound for soft tissue shoulder disorders: a randomised controlled trial. *Annals of Rheumatic Diseases* 58: 530-540.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes 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 (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) 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 Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization 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 5th day of May 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli