

April 29, 2005

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-1429-01

CLIENT TRACKING NUMBER: M2-05-1429-01-5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above-mentioned case to MRIOA for independent review in accordance with TWCC Rule 133, which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

From The State:

Notification of IRO Assignment dated 4/19/05 1 page
Texas Workers Compensation Commission Form dated 4/19/05 1 page
Medical Dispute Resolution Request/Response Form 2 pages
Provider sheet 1 page
Table of disputed services 1 page
Letter from Intracorp dated 2/3/05 3 pages
Letter from Intracorp dated 2/15/05 3 pages

From The Provider:

Letter from Dr. Bollinger, MD dated 1/21/05 1 page

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Letter from member 1 page

Letter of medical necessity from Dr. Bollinger, MD dated 3/8/05 1 page

MRI left shoulder report dated 7/31/03 2 pages

Progress notes dated 8/8/03 1 page

Operative report dated 8/26/03 2 pages

Progress notes dated 9/10/03 2 pages

Progress notes dated 11/7/03 1 page

Progress notes dated 12/1/03 1 page

Progress notes dated 1/5/04 2 pages

Progress notes dated 2/2/04 1 page

Progress notes dated 3/12/04 1 page

Progress notes dated 5/2/04 1 page

Progress notes dated 8/27/04 1 page

Progress notes dated 11/29/04 1 page

RS Medical Patient usage report dated 11/29/04 12 pages

RS Medical Prescription dated 11/29/04 2 pages

Texas Workers Compensation work status report dated 1/29/05 1 page

From The Insurance Company:

Position Statement dated 4/22/05 2 pages

Initial Preauth Records:

Letter from Intracorp dated 2/3/05 3 pages

Appeal Records:

Letter from Intracorp dated 2/15/05 3 pages

CMS Criteria:

Criteria for Neuromuscular Electrical stimulation (NMES) 2 pages

NMS RX and Dr. Garcia's Report:

RS Medical Prescription dated 11/29/04 1 page

TWCC-69 Report of medical evaluation dated 2/17/04 1 page

Impairment rating report dated 2/17/04 2 pages

IRO #1:

Notice of Independent Review Decision dated 10/1/03 3 pages

IRO #2:

Letter from Independent Review Incorporated dated 10/10/03 3 pages

IRO #3:

Letter to David Martinez dated 2/17/04 4 pages

IRO #4:

Notice of Independent Review Decision dated 4/2/04 2 pages

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IRO #5:

Letter to David Martinez dated 8/10/04 3 pages

IRO #6:

Notice of Independent Review Decision dated 8/30/04 3 pages

IRO #7:

Notice of Independent Review Determination dated 10/12/04 4 pages

IRO #8:

Notice of Independent Review Decision dated 11/17/04 3 pages

TWCC-62 Explanation of Benefits dated 4/22/05 1 page

Summary of Treatment/Case History:

The patient is a 51-year-old female with impingement syndrome and acromioclavicular arthritis of the left shoulder. A left shoulder MRI done on 07/31/03 revealed a 4-5 mm inferior surface supraspinatus tendinous partial or full thickness tear 6 mm superior to insertion. On 08/26/03, the patient underwent a diagnostic arthroscopy of the glenohumeral joint, arthroscopic bursectomy, acromioplasty and open distal clavicle resection of the left shoulder. Postoperatively, the patient saw Dr. Bollinger on 09/10/03, 10/10/03, 11/07/03, 12/01/03 and 01/05/04 with continued pain. Throughout that time period, she had received a Kenalog/Marcaine injection to the left shoulder. According to a 01/24/04 office note the patient reported great relief in her levator scapular pain and muscle stiffness using an electrical stimulator unit. The patient reportedly had been able to function better at work and elevate her arms above her head as well as sleep better through the evening. The patient saw Dr. Bollinger again on 02/02/04, 03/12/04 and 05/24/04. At the 05/24/04 appointment, she received another injection to the left shoulder. This injection was repeated again at the 08/27/04 visit.

Dr. Bollinger indicated in an 11/29/04 office note that the injection helped for several weeks. The patient received 90-100% relief. She was tender to palpation but had no radicular symptoms. There was full range of motion and no crepitus. She was to continue the electrical stimulation unit and her Bextra. A 03/08/05 letter by Dr. Bollinger indicated that the patient had failed multiple treatments in the past for her levator scapular strain. Treatments included trigger point injections, heat, and massage. She had apparently found great relief with the use of the RS stimulator. The patient reported great relief of the levator scapula pain and reported less muscle stiffness. She had been able to function better at work and was able to elevate her arms without pain.

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Questions for Review:

1. Please address prospective medical necessity of the proposed approval for purchase of RS4i sequential 4-channel combination interferential and muscle stimulator, regarding the above mentioned injured worker.

Explanation of Findings:

Based on a review of the medical records, the purchase of an RS-4i sequential 4-channel combination interferential and muscle stimulator is not recommended as medically necessary. According to the records provided, the patient underwent left shoulder surgery in 8/03. She continues to experience pain despite multiple trials of conservative treatment including injections.

While the medical records have been provided by Dr. Bollinger, the objective findings are scarce. He indicates that the claimant has received great relief of her levator scapula pain, has less stiffness and is better able to function at work.

Conclusion/Decision to Not Certify:

1. Please address prospective medical necessity of the proposed approval for purchase of RS4i sequential 4-channel combination interferential and muscle stimulator, regarding the above mentioned injured worker.

The RS-4i unit cannot be recommend as medically appropriate. There is a lack of peer-reviewed studies showing that these devices are actually effective for long-term use. There is a lack of studies proving that these devices decrease pain, increase range of motion or decrease the need for medication usage. Therefore, in the absence of these long-term studies, the requested RS-4i unit cannot be recommended.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

ACOEM guidelines, Chapter 9, page 203

Electrical stimulation reference: Orthopedic Sports Medicine Principles and Practice 2nd edition, Chapter 8, page 351: DeLee, Drez, Miller

The physician providing this review is board certified in Orthopaedic Surgery. The reviewer is a member of the American Academy of Orthopaedic Surgeons, the American Medical Association, the Pennsylvania Medical Society, and the Pennsylvania Orthopaedic Society. The reviewer is certified in

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impairment rating evaluations through the Bureau of Workers Compensation. The reviewer has research and publication experience within their field of specialty. This reviewer has been in active practice since 1996.

MRIoA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

YOUR RIGHT TO REQUEST A HEARING

Either party to the medical dispute may disagree with all or part of this 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 receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas 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 twenty (20) days of your receipt of this decision as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
POB 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIoA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

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The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims, which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc: Requestor: RS Medical
Respondent: CMI Barron – Shonna Macaulay