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NOTICE OF INDEPENDENT REVIEW DECISION

Date: June 27, 2005

Requester/ Respondent Address:

TWCC
Attention: Dee Torres
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

Ace American Ins c/o Downs & Stanford PC
Attn: Jon Grove
Fax: 214-747-2333
Phone: 214-748-7900

RE: Injured Worker:

MDR Tracking #: M2-05-1820-01

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 Occupational Medicine reviewer (who is board certified in Occupational Medicine) 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:

- Letter from the patient dated 2/14/05.

- Reports of office visits at The CEMOH, PA dated 4/30/01 thru 12/3/04 and duty status report.
- Prescription for RS-4i four channel interferential and muscle stimulator unit dated 10/29/04.
- Letters of medical necessity by A. Hicks, M.D. dated 12/15/04, 12/23/04.
- Patient usage reports by RS Medical.

Submitted by Respondent:

- Letter from TWCC acknowledging request for IRO.

Clinical History

The patient is a 45-year-old woman with incomplete medical records. There is no report of the chief complaint, no history of the illness or injury reported to have occurred on ___ and no description of the physical examination. There are limited reports of some studies performed. It is stated that she was treated for bilateral carpal tunnel syndrome in 2001 with a variety of medications, splints, physical therapy and surgery. She was subsequently treated for elbow symptoms (unspecified right or left) in 2003 with resolution and later in 2003 for a ganglion cyst on the right wrist.

Ms. ___ was diagnosed with a herniated nucleus pulposus, neck pain and radicular symptoms on 4/16/04, but no information is included about the nature of any injury that might have occurred. It is noted that she was previously diagnosed with a ganglion cyst by MRI performed on 2/17/04 and was noted to have a disc protrusion in the cervical spine (C3-4, C5-6) by MRI on 3/22/04, several weeks before her reported date of injury. She was subsequently treated with physical therapy, injections, medications and a TENS unit. According to information provided by RS Medical, the patient used a RS-4i unit between 11/3/04 and 2/12/05. At the same time it is reported that she has received concomitant therapeutic modalities including Neurontin, Mobic and Vicodin and steroid injections.

Requested Service(s)

Purchase of RS-4i sequential four channel combination interferential and muscle stimulator unit

Decision

I agree with the insurance carrier that the requested intervention is not medically necessary.

Rationale/Basis for Decision

This patient has received a four month trial of therapy with the combination of interferential and muscle stimulator unit. Clinic notes report improvement, but the patient was also receiving concomitant treatments with multiple additional modalities.

A variety of authorities have suggested that there is insufficient scientific evidence to support the use of interferential and muscle stimulator units. [Harris GR, Susman JL. 2002. Managing musculoskeletal complaints with rehabilitation therapy: Summary of the Philadelphia Panel

evidence-based clinical practice guidelines on musculoskeletal rehabilitation interventions. J Fam Practice: 51(2)], although they may have some value with short term use [Glass LS, Editor. Occupational Medicine Practice Guidelines, 2nd Ed. 2004. Beverly Farms, MA. OEM Press].

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 June 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder