

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Road, Irving, TX 75038

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Certificate # 5301

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-8606.M2

July 1, 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: M2-05-1843-01
RE: Independent review for ____

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

- Parker Healthcare Management received notification of independent review on 6.2.05.
- Telephone request for provider records made on 6.3.05.
- The case was assigned to a reviewer on 6.15.05.
- The reviewer rendered a determination on 6.29.05.
- The Notice of Determination was sent on 7.1.05.

The findings of the independent review are as follows:

Questions for Review

Medical necessity of the proposed purchase of a RS4i muscle stimulator

Determination

PHMO, Inc. has performed an independent review of the proposed care to determine if the adverse determination was appropriate. After review of all medical records received from both parties involved, the PHMO, Inc. physician reviewer has determined to **uphold** the denial.

Summary of Clinical History

Mr. ____ sustained a work related injury on ____, and reported injury to the cervical, thoracic and lumbar spine. He has been treated by Dr. Dennis Karasek. He has had multiple medications and has been treated with Avinza 60 mg daily for chronic pain management. There is a form letter from Dr. Karasek which appears to have been prepared by the manufacturer, RS Medical, as well as some printouts of time usage of a unit listed as an RS Medical 4-channel stimulator.

Clinical Rationale

While reviewing the records, it indicated that the patient had used this device and had reported pain relief, but there are no documented visual analog pain scales of reduction of pain. There is no documented reduction in use of pain medications or other services. There is no indication of increased functioning. Research only shows that the requested RS4i muscle stimulator is comparable to the use of a TENS unit, but there is no specific compelling research to show its efficacy. With the lack of well-documented, significant reduction of pain medication and/or other utilization of services, there is no medical indication for a muscle stimulator to cope with the individual's pain. Therefore, medical necessity was not established and the denial is upheld.

Clinical Criteria, Utilization Guidelines or other material referenced

This conclusion is supported by the reviewers' clinical experience with over 10 years of patient care.

The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

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.

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. A request for hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk 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 and the first working day after the date this Decision was placed in the carrier representative's box (28 Tex. Admin. Code § 102.5 (d)). A request for hearing should be sent to: Chief Clerk of Proceeding/Appeals , P.O. Box 17787, Austin, Texas 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request. The party appealing the Division's Decision shall deliver a copy of this written request for a hearing to the opposing party involved in the dispute.

I hereby verify that a copy of this Findings and Decision was faxed to TWCC, Medical Dispute Resolution department, the requestor (if different from the patient) and the respondent. I hereby verify that a copy of this Findings and Decision was mailed to the injured worker (the requestor) applicable to Commission Rule 102.5 this 1st day of July 2005. Per Commission Rule 102.5(d), the date received is deemed to be 5 (five) days from the date mailed and the first working day after the date this Decision was placed in the carrier representative's box.

Meredith Thomas
Administrator
Parker Healthcare Management Organization, Inc.

CC:

RS Medical
Attn: Joe Basham
Fax: 800.929.1930

SORM
Attn: Jennifer Dawson
Fax: 512.370.9170

[Claimant]