

NOTICE OF INDEPENDENT REVIEW DECISION

August 15, 2005

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Requestor

RS Medical
ATTN: Joe Basham
P.O. Box 872660
Vancouver, WA 98687-2650

Respondent

Fidelity & Guaranty Ins. c/o Broadspire
ATTN Albert Ayala
P.O. Box 701809
Dallas, TX 75370

RE: Injured Worker:
MDR Tracking #: M2-05-1982-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) 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 TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF 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 a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. TMF's health care professional 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 TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient injured his back on ___ while carrying a door assembly at his place of employment. He has been treated with medications and therapy.

Requested Service(s)

Purchase of a RS4i Sequential Stimulator 4-channel Combination Interferential and Muscle Stimulator Unit

Decision

It is determined that there is no medical necessity for the purchase of a RS4i Sequential Stimulator 4-channel Combination Interferential and Muscle Stimulator Unit to treat this patient's medical condition.

Rationale/Basis for Decision

Medical record documentation indicates this patient was placed at maximum medical improvement (MMI) on 11/02/04. Only mild tenderness of the effected are was reported and

there were no significant objective findings noted. He was given prescriptions for medication to help with discomfort as well as a prescription for medication to help with break through pain. On 11/04/04 he was prescribed the RS4i Sequential Stimulator 4-channel Combination Interferential and Muscle Stimulator Unit. This was almost 4 months post injury and 2 days after being placed at MMI. There are no national treatment guidelines that allow for use of this unit some 4 months after an injury or for an indefinite period of time. Any residual pain or discomfort this patient may have should be adequately taken care of by utilizing his home exercise program and prescribed medications. Therefore, the purchase of a RS4i Sequential Stimulator 4-channel Combination Interferential and Muscle Stimulator Unit is not medically necessary to treat this patient's medical condition.

This decision by the IRO is deemed to be a TWCC decision and order.

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 hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Workers' Compensation Commission, 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 all other parties involved in this dispute.

Sincerely,



Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm

Attachment

cc: Injured Worker
Program Administrator, Medical Review Division, TWCC

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 carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 15th day of August 2004.

Signature of IRO Employee:
Printed Name of IRO Employee:

Information Used by TMF in Decision

Patient Name:

TWCC ID #: M2-05-1982-01

Information Submitted by Requestor:

- **Progress Notes**
- **Medical Record Review**
- **Prescriptions**
- **Claims**

Information Submitted by Respondent:

- **Medical Record Review**
- **Claims**