

September 30, 2005

September 27, 2005

CORRECTED REPORT

Re: MDR #: M2-05-2100-01 **Injured Employee:**
TWCC#: **DOI:**
IRO Cert. #: 5055 **SS#:**

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation Commission

Attention:

Medical Dispute Resolution

Fax: (512) 804-4868

REQUESTOR:

R S Medical

Attention: Joe Basham

Fax: (800) 9291930

RESPONDENT:

Ace American Insurance c/o Ace USA/ESIS

Attention: Javier Gonzalez

Fax: (512) 394-1412

TREATING DOCTOR:

Vu Doan Theriot, MD

Fax: (713) 943-1178

Dear Ms. ____:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in Pain Management and is currently listed on the TWCC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this 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 received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. 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 (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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:

Texas Workers' Compensation Commission
Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744

FAX (512) 804-4011

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.

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 September 27, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/dd

REVIEWER'S REPORT M2-05-2100-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

From Requestor:

Medical Necessity Letter

PT Notes 04/25/04 – 02/23/05

From Respondent:

Correspondence

Treating MD

Clinical History:

This patient of ____, Texas, was injured on the job, pulling a muscle in her neck. She was closing a valve. The handle broke, and she fell backwards and hit the ground. She initially complained of pain in the right side of her neck and right shoulder. This has been treated with many modalities over the last year and a half. Currently the only thing that seems to be working for her

is an interferential stimulator, which she seems to be using to good effect. The current request is for this interferential stimulator to be made a permanent part of her therapy as requested by Dr. Vudon Therault. An RS-4i Sequential 4-channel Combination Interferential and Muscle Stimulator is what is being requested mainly because she can do this therapy at home, reducing costs related to inpatient physical therapy.

Disputed Services:

Purchase of an RS-4i Sequential 4-channel Combination Interferential and Muscle Stimulator.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion the treatment in dispute as stated above were medically necessary in this case.

Rationale:

I think the request for this particular piece of equipment is reasonable. I think this piece of equipment should be provided to this patient, as she would be able to continue her therapy at home without necessarily doing inpatient physical therapy. She has used this piece of equipment consistently and states that she gets significant pain relief as a result of the use of the equipment.

I have personally used this piece of equipment on some patients and have found it to be of significant value. I think in this case it would also be of significant value. There is no significant peer review literature, and I disagree with the position that is stated that the treatment guidelines do not include this kind of therapy.