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## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** August 2, 2005

**Requester/ Respondent Address:**

TWCC  
Attention: Rebecca Farless  
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

Southwestern Bell Telephone c/o Downs & Stanford  
Attn: Crystal Garza  
Fax: 512-891-7772  
Phone: 512-891-7771

**RE: Injured Worker:**

**MDR Tracking #:** M2-05-2101-01  
**IRO Certificate #:** IRO 5263

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 Orthopedic Surgeon reviewer (who is board certified in Orthopedic Surgery) 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:**

- Documents from RS Medical
- Records from Kenneth Alo, MD

### **Submitted by Respondent:**

- Peer Review Analyses - Maher Abukhalil, MD, Lisa Gill, DO
- Records from Kenneth Alo, MD
- Documents from RS Medical

### **Clinical History**

The claimant is 54 year old female who was injured on \_\_\_\_\_. Injuries sustained were cervical, lumbar and right knee. She continues with neck pain. Dr. Alo notes cervical, lumbar disc displacement, and brachial neuritis. There are no supporting physical examination findings or imaging studies to support the above complaints. There are claims of subjective improvement from Dr. Alo and the claimant but no objective findings are presented to support those claims.

### **Requested Service(s)**

RS4i Sequential 4 channel combination Interferential and Muscle Stimulator

### **Decision**

I agree with the insurance carrier that the above services are not medically necessary.

### **Rationale/Basis for Decision**

There is no documentation of any objective evidence physical or imaging to warrant approval of the above device. There is no independent support in the medical literature that documents the efficacy of the RS4i stimulator. In order to justify the stimulator, an independent study would have to be conducted over at least a 2 month period; carefully documenting objective improvement in physical findings with improvement documented by improved range of motion and strength and increase in physical capabilities including return to gainful employment. There would also have to be objective decrease in medication prescribed for her condition. There also should be an independent examination by another qualified practitioner that corroborates the objective findings. Ideally this examiner should not be aware of the previous findings. This would create a blinded study. ACOEM guidelines copyright 2004 pages 48, 174, 203, 300, 337, and 369, indicate that stimulators of the type requested are not effective. In Physical Therapy, Volume 81, Number 10, October 2001, the issue was devoted to the results of the Philadelphia Panel Evidence Based Clinical Practice Guidelines on Selected Rehabilitation Interventions. In the section on chronic neck pain, it is stated that: "Interventions that could not be assessed due to lack of controlled studies were EMG biofeedback, massage, thermotherapy, electrical

stimulation, TENS, and combined rehabilitation interventions." Authorizing the use of the RS4i stimulator would go against the weight of medical evidence for cost-effective care of Ms. \_\_\_\_.

### **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 2<sup>nd</sup> day of August 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder