

# MCMC

## IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

<b>Date:</b>	<b>09/15/2005</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-05-2151-01</b>
<b>TWCC #:</b>	
<b>MCMC Certification #:</b>	<b>IRO 5294</b>

### REQUESTED SERVICES:

Pre-authorization denied purchase of a RS4i sequential 4 channel combination interferential and muscle stimulator.

### DECISION: Upheld

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IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 09/15/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Uphold the denial of the RS4i sequential 4 channel combination inferential and muscle stimulator purchase.

### CLINICAL HISTORY:

The injured individual is a male with date of injury \_\_\_ followed by right rotator cuff surgery. The injured individual had done very well and "was very happy" according to his orthopedic surgeon on 04/14/2005. He was taking no medications according to the independent medical exam (IME) of 06/2005. He was feeling great according to Dr. Zickerman as of 04/22/2005 so the stimulator was not needed according to him. None of these other physicians report usage of the stimulator. Only the chiropractor does in a form letter signed by him to request purchase. The injured individual's usage report is solid for the first 2 months but ends abruptly on 03/04/2005 and no further usage reports were sent to substantiate usage beyond this point. The literature is rife with articles disputing its efficacy or legitimacy. The stimulator is not recommended since it is an unproven treatment regimen according to the literature. There is no indication the injured individual is currently using it or even requiring it, and none of the treating physicians mention it or requested it.

References are:

1. Journal of Pain Oct 2001;2(5):295-300. "Electrical muscle stimulation as an adjunct to exercise therapy in the treatment of nonacute low back pain: a randomized trial." Glaser JA.
2. Am J of Pain Management 1997;7:92-97. "Electrical Muscle Stimulation: portable electrotherapy for neck and low back pain: patient satisfaction and self-care." Wheeler, AH.
3. Clin Physiol 2001;21:704-11." The effect of three electrotherapeutic modalities upon peripheral nerve conduction and mechanical pain threshold" Alves-Guerro.
4. Ann Rheum Dis 1999;58:530-40. "No effect of bipolar interferential electrotherapy and pulsed ultrasound for soft tissue shoulder disorders: a randomized controlled trial" van der Heijden et al.
5. Phys Ther Oct 2001 81(10);"Philadelphia panel evidence based clinical practice guidelines on selected rehabilitation interventions for low back pain".
6. Clin Physiol Func Imaging Sept 2002;22(5):339-47 Minder PM.
7. Arch Phys Med Rehab Sept 2003;84(9):1387-94 Johnson MI.
8. ACOEM guidelines copyright 2004 pgs 48, 174, 203, 235, 300, 337, and 369.

**RATIONALE:**

The injured individual is a male with a history of rotator cuff repair in 01/2005 followed by months of physical therapy (PT). Both his orthopedic physician and primary care physician (PCP) felt he was doing very well, had returned him to work, noted he was taking no medications, and neither mentioned the RS stimulator. His chiropractor signed an RS Medical form letter stating the injured individual was benefiting from the unit. His usage report indicated good usage from the time it was prescribed, 01/21/2005 to 03/04/2005 when the usage report abruptly ended. I asked the RS medical company via Mr. Basham to forward more updated usage reports but none were sent. Based on a lack of documentation of usage after 03/04/2005 by either his treating physicians or his usage report, purchase is denied. Based on the literature which does not document proven efficacy of this unit it is denied. Reference #1 states 50% of the injured individuals in the study dropped out prior to completion which questions the results of the study. Reference #2 states: "despite deficient support from sound research data..." which indicates studies on this are minimal. Reference #3 indicates interferential therapy is completely ineffective while Reference #4 summarizes that it is comparable to a TENS unit at best. Reference #5 states: "No clinically important benefit of different frequency TENS treatment." Reference #6 states: "The application of interferential therapy had no overall beneficial effect on delayed muscle soreness." Finally, Reference #7 states: "Experimentally induced cold pain was not influenced by interferential treatment."

**RECORDS REVIEWED:**

- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 08/01/05
- MCMC: IRO Medical Dispute Resolution Prospective dated 08/26/05
- TWCC Notification of IRO Assignment dated 07/29/05
- MR-117 dated 06/09/05
- TWCC-60
- TWCC-69
- Texas Mutual: Letter dated 08/17/05 from LaTreace Giles, RN, Sr. Medical Dispute Analyst
- Specialty Risk Services: Letter dated 07/19/05 from Beth Doll, RN, Nurse Case Manager
- C&H Medical Solutions: Report dated 06/24/05 from David Willhoite, MD
- Texas Mutual: Letter dated 04/28/05 from Suzette Price, RN, Preauthorization Nurse
- Anthony S. Melillo, MD: Office note dated 04/14/05
- Texas Mutual: Letter dated 04/13/05 from Denise Carver, LVN, Preauthorization Nurse
- Handwritten report from Carol Oakley, DC, dated 02/28/05
- RS Medical Prescription: Patient information sheets dated 03/24/05, 01/21/05
- Complete Therapy & Rehab: Letter dated 03/14/05 from Carol Oakley, DC
- RS Medical: Patient Usage Reports for the period 01/21/05 through 03/04/05
- Christus St. John Hospital: Operative Report dated 01/06/05 from Anthony Stephen Melillo, MD

The reviewing provider is a **Licensed/Boarded Pain Management/Anesthesiologist** and certifies that no known conflict of interest exists between the reviewing **Pain Management/Anesthesiologist** and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

**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) days or your receipt of this decision (28Tex.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 **20** (twenty) days of your receipt of this decision (28Tex.Admin. Code 148.3©.)

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should 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 the decision shall deliver a copy of its written request for a hearing to all other parties involved in the 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 carrier, the requestor and claimant via facsimile or U. S. Postal Service from the office of the IRO on this**

**15<sup>th</sup> day of September 2005.**

**Signature of IRO Employee:** \_\_\_\_\_

**Printed Name of IRO Employee:** \_\_\_\_\_