

Parker Healthcare Management Organization, Inc.

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Certificate # 5301

September 7, 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: M2-05-2186-01
RE: Independent review for ____

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

- Parker Healthcare Management received notification of independent review on 8.5.05.
- Faxed request for provider records made on 8.5.05.
- The case was assigned to a reviewer on 8.22.05.
- The reviewer rendered a determination on 9.6.05.
- The Notice of Determination was sent on 9.7.05.

The findings of the independent review are as follows:

Questions for Review

Medical necessity of the preauthorization request for the purchase of a RS41 sequential 4 channel combination interferential and 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 **overturn the denial** on the requested service(s).

Summary of Clinical History

Mr. ____ sustained a work related job injury on ____ while employed with Flint Industries.

Clinical Rationale

In order for the purchase of the stimulator, it is essential that the machine demonstrate a clear objective benefit over a period of time. Based upon what is available for review it is clear that the patient now uses less pain medication and has a lower perception of pain on the pain scale, has better function, sleeps

better at night and has overall less dysfunction. Based upon the objective documentation demonstrating it's effectiveness it is clear that the purchase is reasonable of the RS41 stimulator.

In this situation, the duration of the injury has a lot to do with the determination. The patient has gone for a long time with apparent limited relief. The usage of the machine has apparently given him some breakthrough in regards to controlling symptoms that have not been achieved thus far, through alternate methods. Regardless of if it is acute or chronic, favorable outcomes are the deciding factor in regards to need and usage. Those favorable outcomes were documented and demonstrated.

Clinical Criteria, Utilization Guidelines or other material referenced

- *Occupational Medicine Practice Guidelines*, Second Edition.
- *The Medical Disability Advisor*, Presley Reed MD
- *A Doctors Guide to Record Keeping*, Utilization Management and Review, Gregg Fisher

The reviewer for this case is a doctor of chiropractic peer matched with the provider that rendered the care in dispute. The reviewer is engaged in the practice of chiropractic on a full-time basis.

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 7th day of September 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

Liberty Mutual
Attn: Carolyn Guard
Fax: 574.258.5349

[Claimant]