



Specialty Independent Review Organization, Inc.

January 24, 2005

TWCC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient:  
TWCC #:  
MDR Tracking #: M2-05-0622-01  
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor who is board certified in Neurology. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

\_\_\_ suffered a work-related injury on \_\_\_. She has been employed by the \_\_\_\_\_. According to the records submitted, she was pushing a computer cart when the cart got stuck on a crack and she fell and allegedly loss consciousness. After her fall she complained of neck and arm pain plus low back pain. Since that time, she has received extensive therapy including physical therapy, treatment with anti-inflammatory and muscle relaxant medications plus use of a muscle stimulator. She had an MRI of the cervical spine on June 16, 2004, which showed a 2-mm symmetrical bulge at C5-6, but was otherwise unremarkable. X-rays of the left humerus and left shoulder were normal. X-rays of the cervical spine were normal. An MRI of the left shoulder was read as showing some thinning of the cartilage along the glenohumeral joint typical for degenerative changes. There was no evidence of a rotator cuff

injury or fluid collection in the subacromial or subdeltoid bursa. The dates of the cervical and shoulder MRIs were 06-14-04 approximately \_\_\_ after her injury.

\_\_\_ was treated by her primary care physician Dr. Cheryl Sacco plus pain management specialist Dr. John Anigbogu. Dr. Anigbogu recommended use of an interferential muscle stimulator unit to reduce \_\_\_'s neck and upper extremity pain.

Please note that Dr. Anigbogu's initial assessment 06-14-04, indicates by history normal subjective strength, but when he tested \_\_\_ she had reduced strength in her left shoulder. He also indicated she had reduced reflexes in the left triceps, biceps and deltoids. Her sensory examination revealed decreased pinprick and light touch in the C5-6 distribution. He does not mention the side. He noted that there was tenderness in the right shoulder, but does not mention the left. There was tenderness in the right glenohumeral region. He examined her again on 07-21-04 and noticed \_\_\_ had tenderness and spasm worse in the left paraspinal region. Patrick and Spurling signs were equivocal. She had inconsistent decreased pinprick in the left C5-6 distribution. The left deltoid and biceps deep tendon reflexes were not elicited. Dr. Anigbogu recommended an EMG and nerve conduction studies, but these are not submitted. He saw her again on 09-20-04, and again noted spasm and tenderness in the cervical paravertebral region and in the right upper scapula and shoulder. Once again, he does not comment on any tenderness or spasm in the left.

The notes from Dr. Cheryl Sacco are essentially illegible. She does comment that \_\_\_ has neck pain and left upper extremity pain. She was treated with Celebrex and she indicated she was on restricted duty.

\_\_\_ underwent and IME by Dr. Donald Nolin, an Orthopaedic specialist, on September 24, 2003 which indicated diagnoses of resolved cervical strain, "lumbar complaints were never present" and bilateral arm strains with minimal intermittent pain. He indicated that her compensable injuries had resolved, other than some intermittent, subjective pain in the left upper extremity, neck and thoracic spine area. He believed she could be managed with a self-directed home exercise program and over the counter pain medications. Her functional ability is "essentially normal."

**Records Reviewed:**

1. \_\_\_\_\_ denial letter November 16, 2004.
2. Product description RS-4i sequential interferential muscle stimulator plus patient usage diary.
3. Independent medial evaluation Donald H. Nolin, MD dated September 24, 2004.
4. File review N. F. Tsormas, MD July 16, 2004.
5. Radiology report MRI of the cervical spine without contrast and MRI of the left shoulder 06-16-2004, Matagorda General Hospital Bay City, Texas.
6. X-rays of the left humerus, left shoulder and cervical spine 05-10-2004 Matagorda General Hospital.

7. Consultation and office progress notes John Anigbogu, MD June 16, 2004 through September 20, 2004 plus two prescriptions for RS-4i interferential stimulator dated June 18, 2004.
8. Office progress notes Cheryl Sacco, MD dated May 10, 2004 through July 28, 2004.
9. Texas Worker's Compensation Work Status Report Cheryl Sacco, MD, which are not dated.
10. Physical Therapy initial evaluation and progress notes Bay City Physical Therapy, Inc. dated May 17, 2004 through July 15, 2004.

#### REQUESTED SERVICE

The item in dispute is the prospective medical necessity of an RS4i sequential four channel combination interferential and muscle stimulator unit.

#### DECISION

The reviewer agrees with the previous adverse determination.

#### BASIS FOR THE DECISION

The reviewer states she has no objective clinical or neurological deficits. There were no electrodiagnostic studies submitted indicating significant peripheral nerve damage. Her major physical findings have been that of reduced left upper extremity reflexes, questionably reduced left upper extremity sensory loss in a C5-6 distribution and spasm in her cervical paraspinal muscles and tenderness over her right shoulder. She does not have specific complaints of her right shoulder, but more on her left. Imaging studies of her cervical spine and her left upper extremity including an MRI of her left shoulder have shown no significant pathological abnormalities. She has been treated with conservative means including physical therapy and anti-inflammatory medications. An independent medial evaluation performed by Dr. Nolin approximately 6 months after her injury on \_\_\_ found that she could be weaned of off her prescription pain killers and treated with over the counter medications plus a self-directed home physical therapy program. In Dr. Nolin's opinion, she did not need any ongoing additional physical therapy or other specific interventions.

There are no peer review controlled studies indicating long-term benefit from use of the RS-4i sequential interferential muscle unit in management of chronic musculoskeletal pain. The device is Medicare approved for disuse atrophy or spinal cord injury, neither of which applies in \_\_\_'s case. The studies which have been published addressing the use of the device in shoulder pain and in neck and back pain, have shown no persistent long-term benefit.

#### References:

Alves-Guerreiro, J., J.G. Noble, A.S. Lowe and D.M. Walsh. 2001. The effect of three electrotherapeutic modalities upon peripheral nerve conduction and mechanical pain threshold. *Clinical Physiology* 21 (6): 704-711.

Glaser, J.A., M. A. Baltz, P.J. Niertert and C.V. Bensen. 2001. Electrical muscle stimulation as an adjunct to exercise therapy in the treatment of nonacute low back pain: a randomized trial. *The Journal of Pain* 2 (5): 295-300.

Johnson, M.I. and G. Tabasam 2003. An investigation into the analgesic effects of interferential currents and transcutaneous electrical nerve stimulation on experimentally induced ischemic pain in otherwise pain-free volunteers. *Physical Therapy* 83 (3): 208-223.

Medicare Compliance Manual 2003: 917-918.

Minder, P.M., J.G. Noble, J. Alves-Guerreiro, I.D. Hill, A.S. Lowe, D.M. Walsh and G.D. Baxter. 2002. Interferential therapy: lack of effect upon experimentally induced delayed onset muscle soreness. *Clinical Physiology and Functional Imaging* 22 (5): 339-347.

Palmer, S.T., D.J. Martin, W.M. Steedman, and J. Ravey. 1999. Alteration of interferential current and transcutaneous electrical nerve stimulation frequency: effects on nerve excitation. *Archives of Physical Medicine and Rehabilitation* 80: 1065-1071.

Taylor, K., R.A. Newton, W. J. Personius and F.M. Bush. 1987. Effects of interferential current stimulation for treatment of subjects with recurrent jaw pain. *Physical Therapy* 67 (3): 346-350.

Van der Heijden, G., P. Leffers, P. Wolters, J. Verheijden, H. van Mameren, J. Houben, P. Knipschild. 1999. No effect of bipolar interferential electrotherapy and pulsed ultrasound for soft tissue shoulder disorders: a randomised controlled trial. *Annals of Rheumatic Diseases* 58: 530-540.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

**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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes 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 (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) 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: Chief Clerk of Proceedings, Texas Worker’s Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

Wendy Perelli, CEO

**I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant’s representative) and the TWCC via facsimile, U.S. Postal Service or both on this   31st   day of  January , 2005**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative:            Wendy Perelli**