

Parker Healthcare Management Organization, Inc.

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Certificate # 5301

July 15, 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: M2-05-1927-01
RE: Independent review for ____

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

- Parker Healthcare Management received notification of independent review on 6.21.05.
- Faxed request for provider records made on 6.21.05.
- The case was assigned to a reviewer on 7.5.05.
- The reviewer rendered a determination on 7.13.05.
- The Notice of Determination was sent on 7.15.05.

The findings of the independent review are as follows:

Questions for Review

Medical necessity of the purchase of an RS4i sequential, 4 channel combination interferential & 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 **uphold the denial**.

Summary of Clinical History

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

Clinical Rationale

The letters provided as a study showed that half of the patients that participated dropped out. It is not clear if any of the cases included failed surgical patients. Since half of the patients dropped out, this study has a relatively small sample size. The study excluded any patient with previous treatment with any

kind of electrical stimulation including TENSs. This patient has had the use of a TENSs. The study required the patients to be enrolled in an exercise therapy program led by a licensed therapist. This patient is not in such a program and there is no objective data provided to suggest that the patient is actually effectively participating in exercises at home.

The study conclusions are based on combined RS4i interferential muscle stimulator and physical therapy as a protocol. Additionally, the study lasted for only 6 months and there is no long-term study to determine whether the results degrade over time.

The physician notes provided as well as the other notes provided do not document the extent to which the RS4i interferential muscle stimulator unit reduced the need for medication and for how long. On every visit, the patient has continuing similar complaints of severe pain and requires a continuing renewal of narcotics. This, while using RS4i interferential muscle stimulation. It was mentioned that the patient reduced the medication to one time per day; however, there is no objective logging of this. There was no documentation in this study that was provided on the ability of the patients to reduce pain medications.

Additionally, the study was supported in part by a grant from RS Medical Corporation, Vancouver, Washington. Therefore, it cannot objectively be considered as an independent study. The denial is upheld as medical necessity could not be established. There was no documented reduction in pain medication or improvement.

Clinical Criteria, Utilization Guidelines or other material referenced

This conclusion is supported by the reviewers' clinical experience with over 15 years of patient care and orthopedic surgery.

The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer is a diplomat of the *American Board of Orthopedic Surgery*, and is engaged in the full time practice of medicine.

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 15th day of July, 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

Zurich c/o FOL
Attn: Katie Foster
Fax: 512.867.1733

[Claimant]