

Parker Healthcare Management Organization, Inc.

4030 N. Beltline Road, Irving, TX 75038

972.906.0603 972.255.9712 (fax)

Certificate # 5301

October 14, 2005

ATTN: Program Administrator

Texas Department of Insurance/Workers Compensation Division

7551 Metro Center Drive, Suite 100

Austin, TX 78744

Delivered by fax: 512.804.4868

Notice of Determination

MDR TRACKING NUMBER: M2-05-2343-01
RE: Independent review for ____

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

- Parker Healthcare Management received notification of independent review on 9.12.05.
- Faxed request for provider records made on 9.12.05.
- The case was assigned to a reviewer on 10.3.05.
- The reviewer rendered a determination on 10.13.05.
- The Notice of Determination was sent on 10.14.05.

The findings of the independent review are as follows:

Questions for Review

Medical necessity of the proposed 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** on the requested service(s).

Summary of Clinical History

This is a case of a 42-year-old female, who was injured on the job on _____. She apparently suffered a left upper extremity injury while working for _____. She slipped on a wet floor, landing on her left side, causing severe left shoulder, left arm, left hand, and left neck pain. She was seen by multiple physicians including Dr. Chimenti, an orthopedic and Dr. Shah, a hand surgeon, and was ultimately diagnosed with evidence of RSD of the arm and shoulder.

Clinical Rationale

The request is for purchase of an RS4-channel muscle stimulator. This individual is presently receiving medical treatment from Dr. Samuel Alianell, M.D., who is providing pain management and treating her with multiple medications, as typical for chronic pain and RSD. There is no mention in his notes that the RS muscle stimulator has been effective in either reducing her pain to the point where it increases her function, or reducing her pain to the point where it decreases her need for medications. There is a prepared letter, apparently not on the same physician letterhead as the office notes, indicating in a form-letter fashion that the device is indicated.

Without clinical indication from the physician on his letterhead indicating on a routine physical exam that he documented significant clinical improvement of his patient, then the purchase of an RS4 muscle stimulator is not indicated.

Despite the numerous arguments provided by both the carrier and the manufacturer about whether or not it is indicated in general, I have no doubt that RS4 stimulators have their role in treating patients with pain. In this particular case, however, there is no clinical information provided to indicate that it is warranted or necessary. For those reasons, I uphold the carrier's decision to deny purchase of an RS4 muscle stimulator.

Clinical Criteria, Utilization Guidelines or other material referenced

This conclusion is supported by the reviewers' clinical experience with over 10 years of patient care.

The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, 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 Texas Department of Insurance /Division of Workers' Compensation. In accordance with the act and the rules, the review is listed on the DWC'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, the injured employee, injured employee's insurance carrier, the URA or any 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 Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable.

If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision. The address for the Chief Clerk of Proceedings would be: P.O. Box 17787, Austin, Texas, 78744.

I hereby verify that a copy of this Findings and Decision was faxed to the Texas Department of Insurance /Division of Workers Compensation, 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 14th day of October, 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

Attn: Jackie Rosgas
Fax: 888.777.8272

[Claimant]