

December 2, 2005

VIA FACSIMILE
RS Medical
Attention: Joe Basham

VIA FACSIMILE
Liberty Mutual
Attention: Carolyn Guard

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-0370-01
DWC #:
Injured Employee: ____
Requestor: RS Medical
Respondent: Liberty Mutual
MAXIMUS Case #: TW05-0231

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. The TDI, Division of Workers Compensation (DWC) has assigned this case to MAXIMUS in accordance with Rule §133.308 which allows for a dispute resolution by an IRO.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician who is board certified in orthopedic surgery on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the approved doctor list (ADL) of DWC or has been approved as an exception to the ADL requirement. A certification was signed that the reviewing provider has no known conflicts of interest between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO, was signed. In addition, the MAXIMUS physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns an adult male who sustained a work related injury on _____. The patient reported that he sustained an industrial-related accident and that he has neck involvement. Evaluation and treatment have included physical therapy and medications. Diagnoses have included brachial neuritis, chronic pain and muscle spasms.

Requested Services

Preauthorization for purchase of an RS4i muscle stimulator.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. RS Medical Prescriptions – 4/6/05, 6/6/05
2. Daily Physical Therapy Reports – 4/21/05-4/28/05
3. Clinic Notes – 6/1/05
4. Letters of Medical Necessity – 6/7/05
5. RS Medical Patient Usage Report – 4/7/05-10/17/05

Documents Submitted by Respondent:

1. Denial Letters – 9/16/05, 9/26/05
2. RS Medical Prescription – 6/6/05
3. Daily Physical Therapy Reports – 4/21/05-4/28/05
4. RS Medical Price List – not dated
5. RS-4i Literature – not dated
6. Requests for RS-4i – 6/20/05, 9/2/05
7. Clinic Note – 6/1/05
8. Professional Reviews, Inc. Reviews – 9/16/05, 9/28/05

Decision

The Carrier's denial of authorization for the requested services is upheld.

Standard of Review

This MAXIMUS determination is based upon generally accepted standard and medical literature regarding the condition and services/supplies in the appeal.

Rationale/Basis for Decision

The MAXIMUS physician consultant indicated that this patient has chronic pain and muscle spasm after a work related injury on _____. The MAXIMUS physician consultant noted there is no class I data to support the use of RS4i stimulator for chronic neck pain. The MAXIMUS physician consultant explained the use of the RS4i stimulator is considered experimental in nature. The MAXIMUS physician consultant also indicated treatment with the RS4i stimulator is not an accepted standard of care as there are no peer reviewed data to support its use in the this case.

Therefore, the MAXIMUS physician consultant concluded that the proposed purchase of an RS4i muscle stimulator is not medically necessary for treatment of the member's condition.

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.

Sincerely,
MAXIMUS

Lisa Gebbie, MS, RN
State Appeals Department

cc: Division of Workers Compensation

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 2nd day of December 2005.

Signature of IRO Employee: _____
External Appeals Department