



CompPartners Final Report



CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-0387-01
Social Security #: _____
Treating Provider: Claude Michel Oliva, M.D.
Review: Chart
State: TX
Date Completed: 1/6/06

Review Data:

- Notification of IRO Assignment dated 11/30/05, 1 page.
- Receipt of Request dated 11/30/05, 1 page.
- Medical Dispute Resolution Request/Response dated 11/10/05, 2 pages.
- Table of Disputed Services, 1 page.
- Provider Federal Tax Identification Number and the License/Certification/Registration Number Request Form, 2 pages.
- RS Medical Rental / Purchase Agreement dated 8/26/05, 1 page.
- Notes, 2 pages.
- ADL Detail, 2 pages.
- Second Request for Authorization, 1 page.
- RS-4i Sequential Stimulator Information Sheet, 2 pages.
- RS-4i Sequential Stimulator Price List, 1 page.
- S.O.A.P. Notes dated 6/1/05, 2 pages.
- Examination Report dated 6/3/05, 1 page.
- S.O.A.P. Notes dated 6/3/05, 6/7/05, 6/13/05, 6/14/05, 6/16/05, 6/23/05, 8/1/05, 8/2/05, 8/4/05, 17 pages.
- History and Physical Report dated 8/4/05, 2 pages.
- Operative Note dated 8/4/05, 1 page.
- Medical History dated 8/8/05, 2 pages.
- S.O.A.P. Notes dated 8/8/05, 8/11/05, 8/15/05, 8/16/05, 8 pages.
- Operative Note dated 8/19/05, 2 pages.
- S.O.A.P. Notes dated 8/22/05, 2 pages.
- Progress Note dated 8/24/05, 1 page.
- S.O.A.P. Notes dated 8/24/05, 8/26/05, 8/29/05, 8/30/05, 9 pages.
- ED Physician Orders dated 8/27/04, 1 page.
- Emergency Center Physician Record/ED Course dated 8/27/04, 1 page.
- Examination Report dated 8/30/04, 3 pages.

CORPORATE OFFICE

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- General Diagnostic Final Report dated 8/27/04, 3 pages.
- ADL Detail, 2 pages.
- Authorization Note dated 7/25/05, 1 page.
- S.O.A.P. Notes dated 7/18/05, 2 pages.
- Progress Note dated 7/19/05, 1 page.
- S.O.A.P. Notes dated 7/21/05, 2 pages.
- Progress Note dated 5/11/05, 1 page.
- Impairment Rating Examination dated 5/18/05, 5 pages.
- Range of Motion Findings Report dated 5/18/05, 2 pages.
- S.O.A.P. Notes dated 5/24/05, 5/27/05, 5 pages.
- Examination Report dated 4/25/05, 2/18/05, 2 pages.
- Radiology Report dated 1/6/05, 1 page.
- Examination Report dated 1/17/05, 1 page.
- Operative Note dated 1/20/05, 1 page.
- Pre-authorization Payment Letter dated 12/8/05.
- S.O.A.P. Notes dated 11/28/05, 11/18/05, 11/14/05, 11/4/05, 7 pages.
- Notice of Utilization Review Findings dated 11/3/05, 3 pages.
- Letter dated 11/3/05, 2 pages.
- Notice of Intent to Issue an Adverse Determination dated 11/2/05, 2 pages.
- Pre-authorization Peer Review Form dated 11/2/05, 1 page.
- S.O.A.P. Notes dated 11/2/05, 10/31/05, 4 pages.
- Request for Authorization dated 10/28/05, 1 page.
- Letter of Agreement dated 10/28/05, 1 page.
- Notice of Utilization Review Findings dated 10/27/05, 2 pages.
- Letter dated 10/27/05, 1 page.
- Notice of Utilization Review Findings 10/26/05, 1 page.
- S.O.A.P. Notes dated 10/26/05, 2 pages.
- Pre-authorization Peer Review Form dated 10/26/05, 1 page.
- Letter of Agreement dated 10/24/05, 4 pages.
- Pre-authorization Form dated 10/21/05, 1 page.
- Fax Cover Sheet dated 10/21/05, 1 page.
- Peer Review Report dated 10/20/05, 1 page.
- S.O.A.P. Notes dated 10/19/05, 2 pages.
- Prescription dated 10/17/05, 1 page.
- Letter dated 10/15/05, 1 page.
- Progress Note dated 10/15/05, 1 page.
- S.O.A.P. Notes dated 10/14/05, 10/12/05, 10/10/05, 10/7/05, 12 pages.
- Examination Report dated 10/7/05, 2 pages.
- Examination Findings dated 10/7/05, 14 pages.
- S.O.A.P. Notes dated 10/5/05, 9/28/05, 9/26/05, 10 pages.
- Prescription for Outpatient Therapy dated 9/26/05, 1 page.
- Examination Report dated 9/24/04, 1 page.

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- **S.O.A.P. Notes dated 9/21/05, 3 pages.**
- **Health and Behavior Assessment dated 9/20/05, 3 pages.**
- **S.O.A.P. Notes dated 9/16/05, 3 pages.**
- **Examination Reports dated 9/15/04, 9/10/04, 3 pages.**
- **S.O.A.P. Notes dated 9/7/05, 9/6/05, 6 pages.**
- **Examination Reports dated 12/17/04, 12/15/04, 2 pages.**
- **Initial Assessment dated 11/18/04, 1 page.**
- **History and Physical Report dated 11/18/04, 2 pages.**
- **Operative Note dated 11/18/04, 1 page.**
- **Examination Reports dated 11/5/04, 11/19/04, 1 page.**
- **Progress Note dated 11/3/04, 1 page.**
- **Examination Reports dated 10/8/04, 10/22/04, 1 page.**
- **Case History closed on 11/2/05, 3 pages.**
- **Operative Note dated 9/30/04, 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for purchase of an RS-4i Interferential and Muscle Stimulator.

Determination: UPHELD - previously denied request for purchase of an RS-4i Interferential and Muscle Stimulator, as related to the right foot.

Rationale:

Patient's age: 41 years
Gender: Female
Date of Injury: ___
Mechanism of Injury: Slip and fall.
Diagnosis: Reflex Sympathetic Dystrophy.

The patient underwent physical therapy as well as medication management. On September 15, 2004, the patient was diagnosed with chronic regional pain syndrome type I, right lower extremity, with recommendation of performing right-sided lumbar sympathetic nerve blocks. The patient underwent a total of three right-sided lumbar sympathetic nerve blocks, with relief of the majority of chronic regional pain syndrome symptoms. During this time, the patient underwent physical therapy and medication management. On May 18, 2005, an impairment rating examination was performed by Dr. Gerald Hill, and it was stated that the patient was at maximum medical improvement as of May 18, 2005, with 10% impairment rating. On August 4, 2005, Dr. Oliva proceeded with a radio frequency thermal coagulation (RFTC) of the lumbar sympathetic plexus to the patient's right side. There had been no further documentation on the follow-up after this procedure. Subsequently, the patient underwent extensive physical therapy during the dates of May 24, 2005 through November 28, 2005. During this time period, there had been no mention of the use an RS-4i interferential and muscle stimulator, as well as no documentation of a TENS unit provided for this patient. On October 15, 2005, Dr. Oliva prescribed the use of an RS-4i sequential stimulator to be used as daily home therapy for this patient with a working diagnosis now of myalgia and myositis. Unfortunately, there has been no

documentation showing the efficacy of this stimulator with the use of physical therapy intervention. Due to the lack of documentation, i.e. confirmation that the patient had even attempted a trial period of this treatment modality, the benefit cannot be ascribed. Furthermore, based on the literature, which does not document proven efficacy of this unit, it is also determined to be medically unnecessary.

Reference #1 states 50% of the patients in the study dropped out prior to completion, which questions the results of the study. Reference #2 states that despite sufficient support from sound research data, studies on this are minimal. Reference #3 indicates interferential therapy is completely ineffective while, reference #4 summarizes that it is comparable to a TENS unit at best. ACOEM Guidelines concurs that this is also an unproven entity. The provided documentation is insufficient to support the medical necessity for purchase of the RS-4i stimulator.

Criteria/Guidelines utilized: TDI/DWC rules and regulations.

1. Journal of Pain, October 2001, Volume 2(5), pages 295 to 300, Electrical Muscle Stimulation as an Adjunct to Exercise Therapy in the Treatment of Non-acute Low Back Pain, a Randomized Trial. Glaser J.A.
2. American Journal of Pain Management 1997, Volume 7, pages 92 to 97, Electrical Muscle Stimulation, Portable Electrotherapy for Neck and Low Back Pain. Patient Satisfaction and Self Care. Wheeler, AH.
3. Clinical Physiology 2001, Volume 21, pages 704 through 711, (the effect of three electrotherapeutic modalities upon peripheral nerve conduction and mechanical pain threshold), Alves-Guerro.
4. Annals of Rheumatoid Disease 1999, Volume 58, pages 530 through 540 (no effect of bipolar interferential electrotherapy and pulsed ultrasound for soft tissue shoulder injuries.) A Randomized Controlled Trial. Van der Heijden et al.
5. ACOEM Guidelines, 2nd Edition, Chapter 12, pages 300.

Physician Reviewers Specialty: Pain Management

Physician Reviewers Qualifications: Texas Licensed MD, and is also currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist 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 the decision before the referral to CompPartners, Inc.

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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.

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