

January 20, 2006

TX DEPT OF INS DIV OF WC  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_

EMPLOYEE: \_\_\_

POLICY: M2-06-0432-01 /

CLIENT TRACKING NUMBER: M2-06-0432-01 / 5278

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Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIOA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing 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.

**Records Received:**

Records Received from the State:

- Notification of IRO Assignment, 12/29/05 - 2 pages
- Medical Dispute Resolution Request/Response, 12/29/05 - 2 pages
- Table of Disputed Services, undated - 1 page
- Letter to RS Medical from Texas Mutual Insurance Company, 9/30/05 - 2 pages
- Letter to RS Medical from Texas Mutual Insurance Company, 10/7/05 - 2 pages

Records Received from the Requestor:

- Fax Cover Sheet from RS Medical, 1/4/06 - 1 page
- Office Notes, 6/16/05 - 2 pages

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- RS Medical Prescription, 6/16/05 - 1 page
- Office Notes, 7/7/05 - 1 page
- Letter of Medical Necessity, 9/13/05 - 1 page
- RS Medical Prescription, 9/14/05 - 1 page
- RS Medical Prescription, 10/12/05 - 1 page
- Letter from Patient, 10/24/05 - 1 page
- RS Medical Patient Usage Report, 6/16/05-6/30/05 - 2 pages
- RS Medical Patient Usage Report, 7/1/05-7/30/05 - 2 pages
- RS Medical Patient Usage Report, 8/1/05-8/31/05 - 2 pages
- RS Medical Patient Usage Report, 9/10/05-9/21/05 - 2 pages
- RS Medical Patient Usage Report, 10/4/05-10/24/05 - 2 pages

Records Received from the Respondent:

- Notice of IRO Selection, 1/13/06 - 2 pages
- Concentra Medical Centers Transcription Notes, 10/15/04 - 2 pages
- Office Notes, 5/16/05 - 2 pages
- RS Medical Prescription, 6/16/05 - 1 page
- Office Notes, 7/20/05-11/17/05 - 7 pages
- Letter from Texas Mutual Insurance Company to Patient, 9/30/05 - 2 pages
- Letter from Texas Mutual Insurance Company to Patient, 10/7/05 - 2 pages

**Summary of Treatment/Case History:**

The patient was treated for shoulder sprain/strain injuries received while at work. Records show the use of conservative care including therapy rehabs in hopes of resolving issues and not having to use ESI or corrective surgeries.

**Questions for Review:**

Item in dispute: Pre-Authorization denied for purchase of an RS4i muscle stimulator. Medical necessity.

**Explanation of Findings:**

Item in dispute: Pre-Authorization denied for purchase of an RS4i muscle stimulator. Medical necessity.

The patient shows some improvements over time, has used the ES4i machine in compliance to its recommended use for this type of injury. Recorded usage is done by this unit itself to track patient compliance.

**Conclusion/Decision to Certify:**

This patient was given a take home stimulation unit to utilize for the maintenance and reduction of an injury received at work because she was unable to come into the doctor's office as frequently as

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needed. The take home unit was used by this patient according to the recorded logs in the unit itself. This therapy was combined with other therapy as well as the use of lortab for pain management.

**Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision:**

The foundation of the denial was based on two things, the unit was not preauthorized before dispensing and that the unit did not achieve its goal at pain relief as the patient continues to use pain medications. Neither of these reasons should qualify as valid for a denial.

This type of equipment being a stimulation unit is on the approved list for use by the TWCC, also it is noted that the limit for preauthorization is above the billing of \$500.00 TWCC Rule chapter 134. Billing for this unit was less than that amount and therefore not subject to the rule for preauthorization. Also to note is that it is common practice to treat these type of injuries with both physical modalities and oral medications, this is not unusual and the continued use of prescription medications has no bearing on the reimbursement factors of the equipment. The equipment was medically necessary to treat this type of injury, is on the approved equipment list and was below the preauthorization needed cost level.

**References Used in Support of Decision:**

1. TWCC Rules 2005
2. Clinical Orthopaedic Rehabilitation – Brotzman, Wilk

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The physician providing this review is board certified in chiropractic medicine. The reviewer also holds additional certifications in Acupuncture and Orthopedics. The reviewer is a member of their state chiropractic association and is certified to provide reviews for the workers compensation commission as a designated doctor, RME and IME. The reviewer has been in active practice since 1998.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, and the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

**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'

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Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Chief Clerk of Proceedings / Appeals Clerk  
P. O. Box 17787  
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRloA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRloA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRloA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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Case Analyst: Jamie C ext 583

Cc: requestor and respondent