



## CompPartners Final Report



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

**Patient Name:** \_\_\_\_\_  
**Texas IRO #:** \_\_\_\_\_  
**MDR #:** M2-06-0679-01  
**Social Security #:** XXX-XX-\_\_\_\_\_  
**Treating Provider:** Michel Oliva, MD  
**Review:** Chart  
**State:** TX  
**Date Completed:** 2/22/06

### Review Data:

- Notification of IRO Assignment dated 2/2/06, 1 page.
- Request Receipt dated 2/2/06, 1 page.
- Medical Dispute Resolution Request dated 1/10/06, 2 pages.
- Table of Disputed Services (date unspecified), 1 page.
- List of Treating Providers (date unspecified), 2 pages.
- Notice of Intent to issue an Adverse Determination dated 11/2/05, 1 page.
- Notice of Utilization Review Findings dated 11/29/05, 10/26/05, 4 pages.
- Fax Cover Sheet dated 2/9/06, 2/3/06, 2 pages.
- Statement of Medical Necessity dated 10/17/05, 8/26/05, 2 pages.
- Progress Note dated 12/28/05, 12/7/05, 11/30/05, 11/23/05, 11/16/05, 11/9/05, 10/15/05, 8/24/05, 7/19/05 5/11/05, 12 pages.
- Prescription dated 10/15/05, 1 page.
- Letter from Injured Individual dated 11/8/05, 1 page.
- Patient Usage Report dated 1/1/06, 12/8/05, 11/1/05, 10/23/05, 10/3/05, 9/1/05, 8/26/05, 14 pages.
- Letter from Department of Health and Human Services dated 9/12/03, 8/10/00, 5 pages.
- Premarket Notification dated 7/15/03, 2 pages.
- Letter from State Office of Risk Management dated 2/10/06, 1 page.
- Invoice dated 2/7/06, 1 page.
- Final Report dated 8/27/04, 3 pages.
- Physician Orders dated 8/27/04, 2 pages.
- SOAP Notes dated 1/16/06, 1/11/06, 12/19/05, 12/12/05, 11/28/05, 11/18/05, 11/14/05, 11/4/05, 11/2/05, 10/31/05, 10/26/05, 10/19/05, 10/14/05, 10/12/05, 10/10/05, 10/7/05, 10/5/05, 9/28/05, 9/26/05, 9/21/05, 9/16/05, 9/7/05, 9/6/05, 8/30/05, 8/29/05, 8/26/05, 8/24/05, 8/22/05, 8/16/05, 8/15/05, 8/11/05, 8/8/05, 8/4/05, 8/2/05, 8/1/05, 7/21/05, 7/18/05, 6/23/05, 6/16/05, 6/14/05, 6/13/05, 6/7/05, 6/3/05, 6/1/05, 5/31/05, 5/27/05,

### CORPORATE OFFICE

18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612  
TELEPHONE: (949) 253-3116 FACSIMILE: (949) 253-8995  
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5/24/05, 4/25/05, 2/18/05, 1/17/05, 12/17/04, 12/15/04, 11/19/04, 11/5/04, 11/3/04, 10/22/04, 10/8/04, 9/24/04, 9/10/04, 8/30/04, 115 pages.

- Examination dated 8/30/04, 1 page.
- Initial Evaluation dated 9/15/04, 2 pages.
- Operative Notes dated 8/19/05, 8/4/05, 1/20/05, 11/18/04, 9/30/04, 6 pages.
- History and Physical dated 8/4/05, 11/18/04, 4 pages.
- Interdisciplinary Patient Education Record dated 11/18/04, 1 page.
- Outpatient Day Surgery Admission Assessment dated 11/18/04, 1 page.
- Chest X-ray dated 1/6/05, 1 page.
- Cervical Spine X-ray dated 1/6/05, 1 page.
- Impairment Rating Examination dated 5/18/05, 7 pages.
- Medical History (date unspecified), 1 page.
- Health and Behavioral Assessment dated 9/20/05, 3 pages.
- Psychological Assessment dated 1/19/06, 4 pages.
- Behavioral Health Intervention dated 1/13/06, 12/16/05, 12/9/05, 3 pages.
- Notice of Utilization Review Findings dated 11/3/05, 3 pages.
- Office Notes dated 10/28/05, 10/17/05, 10/15/05, 10/7/05, 9/20/05, 7/19/05, 12/17/04, 12/15/04, 11/3/04, 9/15/04, 8/27/04, 3 pages.
- Pre-Authorization Peer Review Form dated 11/2/05, 10/25/05, 2 pages.
- Purchase Agreement dated 8/26/05, 1 page.
- Statement of Medical Necessity dated 10/17/05, 1 page.
- Letter of Agreement dated 10/28/05, 10/20/05, 2 pages.
- Second Request for Authorization (date unspecified), 1 page.
- Article Regarding an RS4i Sequential Stimulator (date unspecified), 2 pages.
- Price List (date unspecified), 1 page.
- Provider Information (date unspecified), 2 pages.
- Authorization Request dated 10/28/05, 1 page.

**Reason for Assignment by TDI/DWC:** Determine the appropriateness of the previously denied request for purchase of an RS-4i sequential 4-channel combination interferential and muscle stimulator.

**Determination: UPHELD** - the previously denied request for purchase of an RS-4i sequential 4-channel combination interferential and muscle stimulator.

**Rationale:**

**Patient's age:** 41 years

**Gender:** Female

**Date of Injury:** \_\_\_\_

**Mechanism of Injury:** While taking trash out to dumpster, stepped off ramp and hurt right foot.

**Diagnoses:** Status post comminuted displaced fractures of shafts of third and fourth metatarsals right foot, \_\_\_\_.

Status post complex regional pain syndrome, Type I, right lower extremity, \_\_\_\_.

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This patient stepped off a ramp and sustained metatarsal fractures of the right foot on \_\_\_\_\_. The records indicated that the patient subsequently developed complex regional pain syndrome in the lower extremity. Treatment was managed by orthopedic and pain management physicians, who treated the patient with medications and non-weight bearing, a series of sympathetic blocks, physical therapy and an RS stimulator. Serial X-rays of the right foot showed excellent evidence of healing. However, the patient continued to complain of right foot and lower extremity pain and weakness. The purchase of an RS-4i sequential four-channel combination interferential muscle stimulator is not medically necessary. These have not been proven to be effective in good controlled studies, and are not proven to be effective for the diagnoses of myalgia, myositis or complex regional pain syndrome. There was no evidence that the use of this device will be of any significant benefit to this patient, and consequently, this reviewer agrees with the previous determination that the RS-4i stimulator was not medically necessary.

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

John A. Glaser, et al. “*Electrical Muscle Stimulation as an Adjunct to Exercise Therapy in the Treatment of Non-acute Low Back Pain: A Randomized Trial;*” The Journal of Pain, Vol. 2. *Orthopedic Knowledge Update*, 8, Vaccaro, editor; Chapter 39, p. 481  
The Blue Cross Guidelines Regarding interferential therapy.

**Physician Reviewers Specialty:** Orthopedic

**Physician Reviewers Qualifications:** Texas licensed M.D. in Orthopedics, 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.**

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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