

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date:	03/22/2006
Injured Employee:	
Address:	
MDR #:	M2-06-0816-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for purchase of a RS4i muscle stimulator.

DECISION: Upheld

IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 03/22/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The purchase of the RS 4i stimulator is not medically necessary.

CLINICAL HISTORY:

The injured individual is a 60 year old male with date of injury _____. The injured individual had a left shoulder arthroscopy in 12/2004 and physical therapy (PT) for a year with residual pain. His physician gave him the stimulator in 06/2005. Usage reports through 10/2005 indicate he uses the unit 20 or so days per month with a blank gap between 08/24/2005 and 09/12/2005 with no usage reported. His physician's form letter of request dated 12/28/2005 states he uses the unit three to four times a day and has decreased his medications. This is not supported by the months of computerized usage reports or the fact that notes of 10/2005 and 11/2005 state he remains on Ultram. Also, the injured individual had a shoulder manipulation in 10/2005 and is looking into shoulder replacement surgery. There is little support clinically that the RS stimulator is benefiting the injured individual at all or that he is using it sufficiently to even consider purchase.

REFERENCE:

ACOEM guidelines copyright 2004.

RATIONALE:

The unit is denied for multiple reasons. First, it is an unproven piece of equipment with no proven benefit over a traditional TENS unit. Secondly, this injured individual's usage reports indicate he is using the unit only about three weeks per month at the most with large gaps in usage noted. Finally, he has been seeking to have more shoulder surgery despite using this unit and remains on pain medications and had an manipulation under anesthesia (MUA) procedure done despite using this unit. Its benefit is not proven in the literature or in this particular case to warrant purchase.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 02/28/06
- MR-117 dated 02/28/06
- DWC-60
- DWC-60 Addendum: Position Statement Response to MDR (undated) from Shelley Smith
- MCMC: IRO Medical Dispute Resolution Prospective dated 03/13/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 02/28/06
- Intracorp: Letters dated 12/29/05, 12/20/05 from Medical Department
- C. Martin Persons, M.D.: Office note dated 12/28/05
- Precision Pain Management: Office notes dated 12/28/05, 11/28/05, 10/03/05, 07/13/05 from Kamlesh Sisodiya, M.D.
- RS Medical: Letter dated 12/22/05
- Form letter dated 12/20/05 requesting to purchase muscle stimulator (handwritten)
- RS Medical: Request for Authorization dated 12/14/05 from Rita Taylor
- RS Medical Prescription: Reports dated 11/11/05, 06/19/05 (handwritten form)
- Surgical and Diagnostic Center: Operative Reports dated 10/18/05, 12/30/04 from Stephen Troum, M.D.
- RS Medical: Patient Usage Reports for periods 10/01/05 to 10/02/05, 09/12/05 to 09/29/05, 08/01/05 to 08/24/05, 07/05/05 to 07/31/05, 06/19/05 to 06/29/05
- Precision Pain Management: Letter dated 09/28/05 from Kam Sisodiya, M.D.
- Letters from claimant dated 09/25/05, 01/03/06
- RS-4i Muscle Stimulator Patient Follow-up Report dated 09/24/05 (handwritten form)
- Precision Pain Management: New Patient History and Physical dated 06/13/05 from Kamlesh Sisodiya, M.D.
- Orthopedic Institute of Texas: Progress Report dated 03/02/05 from Stephen Troum, M.D.
- Stephen Troum, M.D.: Progress Report dated 11/08/04
- Radiology Associates: MRI left shoulder dated 10/21/04
- Stephen Troum, M.D.: Radiology Report dated 10/11/04
- RS Medical: Undated Request for Authorization
- RS Medical: Undated Price List for RS-4i Four Channel Muscle/Interferential Stimulator effective January 2001

- The Journal of Pain: Article dated October 2001 entitled, “Electrical Muscle Stimulation as an Adjunct to Exercise Therapy in the Treatment of Nonacute Low Back Pain: A Randomized Trial”, pages 295 to 300
- Undated article entitled, “RS-4i Sequential Stimulator”
- Undated article entitled, “RS-4i Features/Benefits”
- RS Medical: Article entitled, “Muscle stimulator and TENS: very different modalities”

The reviewing provider is a Licensed/Boarded Pain Management/Anesthesiologist and certifies that no known conflict of interest exists between the reviewing Pain Management/Anesthesiologist 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 prior to referral to the IRO. The reviewing physician is on DWC’s Approved Doctor List.

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.

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Department of Insurance Division of Workers’ Compensation
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

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

In accordance with commission rule 102.4(h), 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

23rd day March of 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____