



Specialty Independent Review Organization, Inc.

March 24, 2006

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
DWC #:
MDR Tracking #: M2-06-0889-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Doctor of Osteopathy with a specialty in Orthopedics. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

Patient is a 69 year-old female who injured her right upper extremity during repetitive activities at a desk job opening and closing drawers in ____.

She has been seen by numerous physicians. On 06/01/1998 Dr. Green found degenerative arthritis in both thumbs. Patient was treated with physical therapy. Approximately a month later, she had a normal EMG of the right arm. Patient underwent a carpal tunnel release and a left thumb surgery on 07/23/1999. X-rays of her right shoulder on 10/26/1999 showed early osteoarthritis with spurring. A bone scan on 01/03/2000 showed multiple areas of increased activity in both wrists with post operative changes on the right. A repeat EMG on 01/07/2000 revealed a left carpal tunnel for which she had a release on 02/21/2000.

A cervical MRI on 10/16/2000 showed degenerative changes at multiple levels with disc space narrowing at C4-5, 5-6, and 6-7. There was mild effacement of the dural sac at C5-6 with foraminal narrowing. The patient also had a lumbar MRI on 08/06/2001 revealing an advanced degenerative disc at L5-S1.

Also, the patient had a right shoulder MRI which showed tendonitis of the rotator cuff. Treatment for her shoulder and neck has been with physical therapy and multiple trigger point injections with only temporary relief.

Physical examination revealed motor strength to be equal in the upper and lower extremities, sensory exam to be intact, normal gait, cervical range of motion limited to 80% normal and anterior shoulder discomfort with a full range of motion.

RECORDS REVIEWED

Forte, Letters: 12/18/2005, 01/03 and 01/10/2006.

Records from Carrier:

Radiology Associates, MRIs: 6/1/2005, 6/14/2005, 8/6/2001,
9/24/2002.

W Sanders MD, Reports: 1/23 to 10/3/2001.

S Jones MD, Reports: 10/4/2001 through 6/10/2005.

R Steffen MD, Reports: 6/28 through 12/13/2005.

R Neel MD, Report: 2/16/2001.

P Robinson MD, Report: 2/16/2001.

W Gordon MD, Report: 11/19/2005.

State Office Risk Management, Letter: 10/14/2005.

RS Medical, Letters: 12/21 and 12/29/2005.

Additional Records from Doctor/Facility:

R Steffen MD, Reports: 12/9 and 12/18/2005.

____, Letter: 2/19/2006.

RS Medical, Usage Report: 11/12 through 12/28/2005.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of the purchase of an RS4i muscle stimulator.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

This 69 year-old patient has had numerous complaints involving the upper extremities requiring multiple surgeries. The patient has degenerative changes involving her cervical spine and lumbar spine. Treatment has been conservative with only temporary relief. According to the information supplied the patient has had satisfactory relief of her symptoms with the trial usage of the RS4i muscle stimulator.

The RS4i is not a TENS unit. It provides interferential current (IF) for the treatment of pain relief and management and muscle stimulation (NMES) for treating muscle rehabilitation. The use of this device is for chronic pain, relaxation of muscle spasm, retardation of disuse atrophy, maintenance of the range of motion, increase in local blood circulation, and muscle re-education.

References:

Medicare Coverage Issues Manual, Section 35-77.

American College of Occupational and Environmental Medicine
Practice Guidelines, Second Edition.

DeLisa, Jans, Bockenek, et al: Rehabilitative Medicine, Principles
and Practice, 3rd Edition.

Noble, Henderson, Cramp: The Effect of Interferential Therapy
Upon Cutaneous Blood Flow in Humans. CLIN Physiol 2000 Jan 20.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify 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.

Sincerely,

Wendy Perelli, CEO

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,

Wendy Perelli, CEO

I hereby certify, in accordance with DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the Division via facsimile, U.S. Postal Service or both on this 24th day of March 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli