



Specialty Independent Review Organization, Inc.

May 24, 2006

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

Patient: ____
DWC #:
MDR Tracking #: M2-06-1245-01
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 Medical Doctor with a specialty in Pain Management and Anesthesia. 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

This 35-year-old male was injured on the job while walking behind a tractor. He has had arthroscopy, arthrocentesis and is currently taking celebrex and tramadol. He has used an RS4i and obtained some relief of his pain.

RECORDS REVIEWED

Records from Doctor/Facility: RS Medical Prescription; Letters from Dr. McDaniel; Daily PT notes; RS Medical Patient usage reports; Lone Star Rehab-Dr. McDaniel; Notes from Dr. Mireles; History and physical report, and follow-up notes-Dr. Tijimes; MRI report-Avalon

imaging; MRI report-Doctors Hospital at Renaissance; DWC-form 69; Medical Institute of South Texas-Med Evaluation-Impairment rating; TWCC-69; Designated Doctor Medical evaluation and RE-evaluation-Dr. Gill; Notes from Dr. Perez; Letter 9/12/05 from Dr. McDaniel to TWCC

Records from Carrier: Letter from Texas Mutual Insurance Co.-Nurse Giles; Cleburne Family Medicine Associates Consult.; MRI report-Avalon imaging; RS Medical Prescriptions; Operative report-Doctors Hospital at Renaissance; History and physical report-Dr. Tijimes; DWC form 69; Medical Institute of South Texas-Med Evaluation-Impairment Rating; Concentra letter from Dr. Carlson

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of the purchase of a RS4i sequential 4 channel combination interferential and muscle stimulator.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that while the patient has had some relief with the device, an RS4i stimulator cannot be recommended as medically necessary as there is lack of proof in peer-reviewed literature, supporting that neuromuscular electrical stimulators are effective at providing long-term relief of pain.

REFERENCES

ACOEM Guidelines, Chapter 9, page 203. It is also noted in the medical literature that there is no documentation of proven efficacy of this particular device. Glaser, J.A.: Electrical Muscle Stimulation as an adjunct to exercise and therapy in the treatment of non-acute low back pain; a randomized trial. "Journal of Pain," 2001; 2:295-300. Wheeler, A. H. : Electrical Muscle Stimulation: Portable Electrotherapy for neck and low back pain: Patient Satisfaction and Self care/ "AMJ of Pain Management," 1997; 7:92-97.

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 May 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli