

ZRC MEDICAL RESOLUTIONS

August 3, 2006

Re: MDR #: M2 06 1572 01 Injured Employee: ___
DWC #: ___ DOI: ___
IRO Cert. #: 5340 SS#: ___

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation

Attention: ___

Medical Dispute Resolution

Fax: (512) 804-4868

RESPONDENT: Texas Mutual

REQUESTOR: RS Medical

TREATING DOCTOR: John Puig, MD

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to ZRC Medical Resolutions for an independent review. ZRC has performed an independent review of the medical records to determine medical necessity. In performing this review, ZRC reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the president of ZRC Medical Resolutions, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in Physical Medicine and Rehabilitation and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by ZRC Medical Resolutions, Inc. is deemed to be a DWC decision and order.

P.O. Box 855
Sulphur Springs, TX 75483
903.488.2329 * 903.642.0064 (fax)

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.

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 August 3, 2006.

Sincerely,



Jeff Cunningham, DC
President



**REVIEWER'S REPORT
M2 06 1572 01**

Information Provided for Review:

1. Notification of IRO assignment from the Texas Department of Insurance
2. Reports from Texas Mutual Insurance indicating denial of preauthorization for requested purchase of the RS-4i muscle stimulator requested by Dr. John Puig
3. Additional medical information supplied as part of this review noted as coming from the requestor's material indicated statements from RS Medical, which included medical reports from Dr. Puig, the RS Medical prescription dated 01/05/06 and 03/06/06, a form letter of medical necessity signed by Dr. Puig, and a letter dated 05/08/06 written by Violet Henney Marlowe along with RS Medical printouts of utilization time by the patient of the RS-4i stimulator
4. Additional information submitted by Texas Mutual Insurance Company included copies of notification of denial for the original as well as the reconsideration request with documentation of medical necessity being disputed. There were also copies submitted by the treating doctor as part of the Texas Mutual Insurance Company submission.

Clinical History:

The medical records indicate that this lady slipped and fell at work, landing on her side. She was identified with self-limited soft tissue sprain/strain/contusion in multiple areas of her body but especially in the low back area.

Disputed Services:

It is indicated that this dispute deals with preauthorization denial by Texas Mutual Insurance for purchase of an RS-4i muscle stimulator.

Decision:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

Rationale:

In addition to the noted comments contained in the preauthorization review comments for denial of preauthorization of purchase of the RS-4i muscle stimulator, it is noted that the

patient had a soft tissue self-limited sprain/sprain/contusion that would be anticipated to resolve within a period of 3 to 6 months. Purchase for home use on a permanent or long-term basis of a muscle stimulator would not be indicated. Additionally, there is no indication established within the medical records reviewed to indicate that this individual had a medical necessity or would reasonably benefit from home utilization of such an electrical stimulator on a permanent basis. There is no documentation of benefit for pain reduction, decreased medication or increased function that is specifically associated with and objectively documented in the medical records for the use of such RS-4i stimulator. The proper utilization of interferential and electrical stimulation, much like the RS-4i stimulator produces, is associated with specific, supervised, acute utilization under the specific care of a licensed physical therapist. It is anticipated that while the patient is involved in the acute phase of treatment for an injury such as this, a sprain/sprain/contusion, treatment may be beneficial while treating with the physical therapist over the first 4-6 weeks following injury. There is no medical literature support to indicate that for this diagnosis, prolonged permanent utilization in an unsupervised home environment offers any benefit.

Screening Criteria/Literature:

The opinion and rationale for this decision is based on one or more of the following evidence-based medical guidelines: American College of Occupational and Environmental Medicine, Medical Disability Adviser, Cochrane Collaboration, North American Spine Society, National Pain Education Council.