

Parker Healthcare Management Organization, Inc.

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Certificate # 5301

September 12, 2006

ATTN: Program Administrator

Texas Department of Insurance/Workers Compensation Division

7551 Metro Center Drive, Suite 100

Austin, TX 78744

Delivered by fax: 512.804.4868

Notice of Determination

MDR TRACKING NUMBER: M2-06-1852-01

RE: Independent review for ____

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 8.16.06.
- Faxed request for provider records made on 8.16.06.
- The case was assigned to a reviewer on 8.31.06.
- The reviewer rendered a determination on 9.11.06.
- The Notice of Determination was sent on 9.12.06.

The findings of the independent review are as follows:

Questions for Review

Medical necessity of purchase of an RS4I sequential 4-channel combination interferential and muscle stimulator.

Determination

PHMO, Inc. has performed an independent review of the proposed care to determine if the adverse determination was appropriate. After review of all medical records received from both parties involved, the PHMO, Inc. physician reviewer has determined to **uphold the denial** on the requested service(s).

Summary of Clinical History

Mr. ____ sustained a work related job injury on ____, while employed with _____.

Clinical Rationale

This individual has a compensable injury relating to a right knee. He has had several arthroscopic procedures and has been provided medications including Celebrex and Vicoprofen. He was provided an RS muscle stimulator for control of his right leg muscle pain.

While it antidotally indicates that it has helped reduce his pain, there is no medical literature to help support the use of an RS medical sequential interferential muscle stimulator for arthralgia or arthritis of the knee, which is his diagnosis. There is in fact specific FDA approval for devices made for arthritis and arthralgia of the knee, but an RS4I is not one of those devices.

Therefore, there is no evidence in the chart I reviewed demonstrating a reasonable medical need for use of an RS4 muscle stimulator for pain control over his medications and physical exercise. There is no literature to support the use of this device in treatment of arthralgia of the knee.

Clinical Criteria, Utilization Guidelines or other material referenced

This conclusion is supported by the reviewers' clinical experience with over 10 years of patient care.

The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

The review was performed in accordance with Texas Insurance Code 21.58C and the rules of Texas Department of Insurance /Division of Workers' Compensation. In accordance with the act and the rules, the review is listed on the DWC's list of approved providers or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and the treating and/or referring provider, 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. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

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. The address for the Chief Clerk of Proceedings would be: P.O. Box 17787, Austin, Texas, 78744.

I hereby verify that a copy of this Findings and Decision was faxed to the Texas Department of Insurance /Division of Workers Compensation, the requestor (if different from the patient) and the respondent. I hereby verify that a copy of this Findings and Decision was mailed to the injured worker (the requestor) applicable to Commission Rule 102.5 this 12th day of September, 2006.

Meredith Thomas
Administrator
Parker Healthcare Management Organization, Inc.

CC: RS Medical
Attn: Joe Basham
Fax: 800.929.1930

Continental Casualty Co/Stone Loughlin & Swanson
Attn: Jane Stone
Fax: 512.343.1385