

December 2, 2004

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M2-05-0373-01
CLIENT TRACKING NUMBER: M2-05-0373-01 5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

Records Received from the State:

- Notification of IRO Assignment, dated 11/18/04
- Texas Workers' Compensation Commission, dated 11/18/04
- Medical Dispute Resolution Request/Response, undated
- Pre-Authorization Decision and Rationale, dated 08/30/04
- Pre-Authorization Decision and Rationale, dated 09/20/04

Records Received from RS Medical:

- Letter from RS Medical to Medical Review Institute of America, dated 11/22/04
- Request for Additional External Review Case Information, dated 11/19/04

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- RS Medical Physician Prescription, dated 03/20/04
- Hand and Trauma Clinic Progress Notes, dated 05/12/04–05/20/04
- Austin Hand and Trauma Clinic Re-Evaluation Notes, dated 05/20/04
- Austin Hand and Trauma Clinic AROM/Strength/Sensation/Edema, dated 05/20/04
- Letter from Dr. Westmoreland, dated 05/21/04
- RS Medical Physician Prescription, dated 05/25/04
- Patient Health Report, dated 03/25/04
- Patient Usage Report, dated 03/25/04–05/03/04

Records Received from TASB

- Copy of Check #1360279, dated 11/19/04
- Texas Workers' Compensation Commission Form, dated 11/18/04
- Letter from Texas Association of School Boards, dated 11/24/04
- Letter from Texas Association of School Boards, dated 08/30/04
- Pre-Authorization Decision and Rationale, dated 08/30/04
- Letter from Texas Association of School Boards, dated 09/20/04
- Pre-Authorization Decision and Rationale, dated 09/20/04
- Medical Dispute Resolution Request/Response, undated
- RS Medical Request for Authorization, dated 09/14/04
- RS Medical Rental/Purchase Agreement, dated 03/16/04
- RS Medical Physician Prescription, dated 05/25/04
- Letter from Dr. Westmorelane to TASB, dated 05/21/04
- Austin Hand and Trauma Clinic Re-Evaluation Notes, dated 05/20/04
- Hand and Trauma Clinic Progress Notes, dated 05/20/04
- Austin Hand and Trauma Clinic AROM/Strength/Sensation/Edema, dated 05/20/04
- Hand and Trauma Clinic Progress Notes, dated 05/12/04–05/20/04
- Premarket Notification Indications for Use, undated
- Request for Authorization, undated
- Second Request for Authorization, undated
- Information from RS Medical on the RS-4i Sequential Stimulator, undated
- Price List, undated
- MRI of the Left Shoulder Report, dated 10/20/03
- Follow-Up Notes, dated 12/04/03
- History and Physical, dated 11/06/03
- Office Notes, dated 06/20/03–10/17/03
- Letter from Trinity Medical Solutions to Texas Association of School Boards, undated
- Progress Report, dated 06/12/03
- Chart Notes, dated 04/16/03–06/12/03

Summary of Treatment/Case History:

The patient is a 43-year-old male injured in _____. Dr. Joshi saw him on 6/20/03 with complaints of axial and radicular pain. On exam there was pain over the left lateral neck and cervical spine. A sensory deficit was noted in the left C6 dermatomal distribution. Strength in the paravertebral extensors and left trapezius was reported as 4/5 and the left biceps was weak. Range of

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motion was also limited. The plan was for an epidural steroid injection. On 7/25/03 the patient returned to Dr. Joshi's office and reported 30 percent improvement of the radicular pain. A second injection was planned. He returned again to Dr. Joshi's office on 8/22/03 and reported a 20 percent overall relief of the radicular pain. Exam was essentially unchanged and a third injection was planned. Trigger point injections in the trapezius and deltoid were also suggested at that time. On 10/17/03 the patient reported 45 percent improvement after the final epidural injection. He continued to report headaches and pain in the left shoulder. The exam was unchanged and facet injections were recommended.

A left shoulder MRI done on 10/20/03 revealed the following: 1) Mild critical zone supraspinatus and infraspinatus tendinopathy is not complicated by rotator cuff tear. There is no evidence of subacromial-subdeltoid bursitis, 2) acromioclavicular joint arthropathy and a lateral down slope to the acromion may predispose to external subacromial impingement syndrome, 3) A paucity of glenohumeral joint fluid is a nonspecific finding but can be seen with adhesive capsulitis, 4) Type II SLAP tear is confirmed by the presence of a large paralabral cyst which projects from the posterosuperior portion of the labrum. This paralabral cyst does not appear to result in mass effect upon the contents of the spinoglenoid notch currently and 5) Normal biceps tendon.

On 11/6/03 the patient saw Dr. Westmoreland with complaints of left shoulder pain. According to the office note the patient dropped a toolbox. It landed on his left forearm and jerked his left shoulder. On exam there was mild tenderness over the acromioclavicular joint. Impingement and Hawkins testing was positive. He was diagnosed with left shoulder pain, a Type II SLAP tear and impingement syndrome. The left subacromial space and glenohumeral joint was injected with Marcaine, Lidocaine, and Depo-Medrol. According to Dr. Westmoreland's 12/4/03 office note the patient received five days of pain relief after the injections, then the pain started recurring and was back to the point it was prior to the injection. On exam there was full range of motion. Impingement and O'Brien testing was positive. He was minimally to moderately tender over the acromioclavicular joint and over the anterolateral aspect of the acromion. Surgical intervention including arthroscopy, subacromial decompression, and possible SLAP repair was discussed.

Between 5/12/04 and 5/20/04 the patient attended therapy. According to the 5/20/04 therapy evaluation, his symptoms had decreased, range of motion increased and muscle strength increased. An RS-4i stimulator for the diagnosis of rotator cuff syndrome has been requested.

Questions for Review:

1. Items in dispute: Please address prospective MN of proposed purchase of an RS-4i sequential 4 channel combination interferential and muscle stimulator regarding the above mentioned injured worker.

Explanation of Findings:

Question 1: Items in dispute: Please address prospective MN of proposed purchase of an RS-4i sequential 4 channel combination interferential and muscle stimulator regarding the above mentioned injured worker.

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The proposed purchase of the RS-4i sequential 4-channel combination interferential and muscle stimulator is not recommended as medically necessary. The patient is a 43-year-old male injured in _____. He reported left shoulder pain and was treated conservatively with therapy and injection. Despite this treatment however the pain persisted and surgical intervention was suggested in December 2003. The medical records provided do not confirm if this surgery took place however in May 2004 he attended physical therapy. As of 5/20/04 his symptoms were decreasing and range of motion and muscle strength had increased. There is nothing in the records provided to support the need for the RS-4i stimulator purchase. The patient appears to have made good progress with formal therapy and should continue with a home exercise program. There is also a lack of peer-reviewed literature supporting the long-term effectiveness of these devices. In the absence of this literature and because the patient had improved with therapy, the requested stimulator cannot be recommended as medically necessary.

Conclusion/Decision to Not Certify:

The proposed purchase of the RS-4i sequential 4-channel combination interferential and muscle stimulator is not recommended as medically necessary.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

ACOEM guidelines, Chapter 9, page 203.

The physician providing this review is board certified in Orthopaedic Surgery. The reviewer is a member of the American Academy of Orthopaedic Surgeons, the American Medical Association, the Pennsylvania Medical Society, and the Pennsylvania Orthopaedic Society. The reviewer is certified in impairment rating evaluations through the Bureau of Workers Compensation. The reviewer has research and publication experience within their field of specialty. This reviewer has been in active practice since 1996.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

YOUR RIGHT TO REQUEST A HEARING:

Either party to the medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas Admin. Code 142.5.

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing

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must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
POB 40669
Austin, TX 78704-0012

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

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRloA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRloA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRloA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims, which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc: RS Medical

TASB Risk Management Fund