



Specialty Independent Review Organization, Inc.

February 21, 2005

Hilda Baker
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M2-05-0853-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC 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 who is board certified in Orthopedics. The reviewer is on the TWCC 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 47-year old female fell at work on ___ while carrying a dog. She complained of neck and shoulder pain. These symptoms persist as noted on the 10/25/2004 progress note. She also has stiffness and the pain seems to be worse. She has been treated with a Medrol Dosepak and has failed with physical therapy. The physical examination on 10/25/2004 reveals severe tenderness and spasm along the cervical thoracic and lumbar spine. The neurovascular is intact and the strength is 5/5.

RECORDS REVIEWED

Denial Letters from GENEX Services: 11/24/2004 and 12/09/2004
Records from Doctors and Facility: J. Parker, MD Notes: 10/25/2004, 11/09/2004
RX Medical: 11/18/2004

Records from Carrier: C. Finch, Attorney: 02/01/2005
CMS Database Report: Articles 03/01/2000, 09/01/1999
ACOEM Guidelines: Neck, Page 48
Physical Therapy Volume 8, #10, 2001.
Anesthesia & Analgesia Volume 92, #2, February 2001
Physical Therapy Global.Net: June
Medscape Search
Regence Group Medical Policy
Medicare Coverage Issue Manual, Section 35-77

REQUESTED SERVICE

The requested service is the purchase of an RS4i sequential four channel combination interferential and muscle stimulator unit.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The only clinical information supplied was 2 letters from the attending physician, Dr. Parker. There is no physical exam, records of physical therapy, or diagnostic test information to support the purchase of the RS4i. In the information provided, Medicare coverage states the use of an NMES is limited to the treatment of disuse atrophy where the nerve supply to the muscle is intact. The numerous articles in the Medsearch state concurrently that there is no evidence to support the use of interferential therapy to an exercise program to reduce shoulder pain, mobility or disability. The Medical Policy of Regence Group states the use of interferential (electrical) current stimulation for the treatment of pain, decreased range of motion, wound healing, or other conditions is considered investigational and not medically necessary. The RS4i stimulator is a combination of interferential current and muscle stimulation. The ACOEM Guidelines state the use of electrical stimulation can keep symptoms at bay temporarily, diminishing pain long enough so that patients begin to mobilize and may be used in the acute setting. This patient is in the chronic phase, not in the acute phase.

References:

Medicare Coverage Issues Manual, Section 35-77.

Van der Heijden et al: No effect of bipolar interferential electrotherapy and pulsed ultrasound for soft tissue shoulder disorders: *Annals of the Rheumatic Diseases* 58:530-540, 1999.

American College of Occupational and Environmental Medicine, *Occupational Medical Practice Guidelines*, 2nd Edition, Chapter 3.

Regence Group Medical Policy: 07/16/2003.

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 there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

YOUR RIGHT TO REQUEST A HEARING

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

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TWCC 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 TWCC via facsimile, U.S. Postal Service or both on this _____ day of _____, 20 __

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli