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August 23, 2007

DATE OF REVIEW: 08-17-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

E0745 dated 07-09-07 Neuromuscular Stimulator Purchase \$895

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Certified by The American Board of Orthopedic Surgery
General Certificate in Orthopedic Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Injury Date	Claim #	Review Type	ICD-9 DSMV	HCPCS, CPT, NDC Codes	Upheld/Overturn
		Prospective	354.9	E0745	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Utilization Review Decision dated 07-12-07 & 07-30-07
Review of Medical History / Physical Examination dated 02-14-07
Report of Medical Evaluation dated 02-14-07
Designated Doctor Evaluation dated 09-14-06
Physician Office Notes dated 05-10-07, 05-24-07, & 06-28-07
Prescribed Product (EMS) signed 07-13-07

Additional information from claimant on 08-14-07 including:

Letter dated 08-14-07
Office Visits 03-22-07 & 08-07-07
Follow-up visit dated 09-11-06
History & Physical Examination dated 08-21-06
New Patient Visit dated 09-21-06
Procedure Note dated 10-06-06
History & Physical for Cervical Myelogram dated 03-29-07
Consultation Report dated 03-30-07
MRI Cervical Spine report dated 06-01-06

PATIENT CLINICAL HISTORY:

This xx-year-old was injured on xx/xx/xx while lifting a patient at work. She complained of pain in upper cervical spine on the right side and right upper extremity and right upper extremity and right shoulder in mid back area. MRI showed a 2-3 mm bulge at the C2-3 levels, C3-4 level, C4-5 level, and a 3mm bulge on the C5-6 area. Impression was multilevel spondylosis and multilevel disc bulging. She received physical therapy with improvement. Subsequent follow up visits noted that injured worker still with neck and upper back pain. MRI on 08-09-06 right shoulder showed "moderated distal supraspinous tendinopathy with mild partial thickness intrasubstance tearing as well as areas of bursal surface or articular surface fraying are not excluded due to limitation and space resolution". On 09-14-06, it was noted that nerve conduction study of the upper extremities showed a mild chronic C6 radiculopathy on the left and right side. On 09-21-06, showed a mild chronic C6 radiculopathy on the left and right side. On 09-21-06, epidural steroid injections (ESI) apparently did not have any effect in relieving the pain. Injured worker is status post-right shoulder arthroscopy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

According to the Reviewer, the standard post-operative rehabilitation program for shoulder pathology varies depending on the specific surgical procedures. But in general, the treatment consists of initially analgesics, rest and modalities.

Subsequently physical therapy is indicated but neuromuscular stimulation is not usually of benefit.

Although the operative dictation is not available for review, the post-operative physician notes of 05-10-07, 05-24-07, and 06-28-07 revealed that the injured worker had no pain, no neurovascular deficit with good strength and a full range of motion.

Lumetra's Physician Reviewer has no known conflicts of interest in this case, pursuant to the Insurance Code Article 21.58A (Chapter 4201 effective April 1, 2007), Labor Code § 413.032, and § 12.203 of this title.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

**PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
(PROVIDE A DESCRIPTION)**

**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**