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AMENDED IRO NOTICE OF DECISION - WC

IRO REVIEWER REPORT - WC

DATE OF REVIEW: 06-23-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Rental and/or purchase of portable interferential stimulator (DME)

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

Certified by the American Board of Orthopaedic Surgery
General Certificate in Orthopaedic 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/NDC	Upheld/Overturn
		Prospective	718.86 924.11 V45.89		Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Notice of Utilization Review Findings 5-15-07 and 5-24-07
Urgent Request dated 5-09-07
Letters of Appeal dated 5-17-07 and 5-17-07 with published results of placebo controlled prospective study

PATIENT CLINICAL HISTORY [SUMMARY]:

This -year-old was injured when a co-worker working above him dropped a pry bar that bounced off a pipe and struck the worker directly on the knee. The treating physician requested for Alivio IF4 (IFC) interferential unit to begin May 10, 2007. The injured worker underwent Arthroscopy left knee, partial medial and lateral meniscectomy on May 10, 2007 – used baskets, shaver and Coblation probe – instilled 20 cc Marcaine with epinephrine and 40 mgm of Depo Medrol.

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

The OGD guidelines for rental and/or purchase of portable interferential stimulator (DME) were reviewed and considered:

ODG Major Categories - #17 – Injury and Poisoning
Table of Contents – 830-839 – Dislocation
Specific Site: (Code 836.0) – Tear of Medial Cartilage or Meniscus of Knee, Current
ODG Treatment: IFC – Interferential current therapy.

In addition the Reviewer upheld the denial for the following reasons:

1. Clinical Journal of Sport Medicine 2003; 13: 16-20. Jarit & Glousman, MD:
 1. If it is statistically true that each study group should have at least 20 cases/patients, then this study fails this requirement as a randomized double blind, placebo controlled prospective study.
 2. Functional Assessment Scale was not used.
 3. “As recommended by the manufacturer of the device, subjects were instructed to used the units three times daily for 28 minutes each session for 7-9 weeks. Note: This is now beyond 6 weeks postoperative.

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4. “-as biggest effect to be early postoperative period.”
 5. “-as one cannot directly correlate pain reported with pain medication taken due to differences in individual pain tolerance and need for medication among study subjects”
 6. “-range of motion – results are partially due to the effects of IFC and partially due to the placebo effect.”
2. Anesth Analg 2001; 92:505-513. Paul F. White MD et al:
1. “Interferential Current Therapy (ICT) is another variant of TENS – using transcutaneously applied electrical current. A combination of different stimulation frequencies are used. Neither ICT not TENS affected either the nociceptive reflex or the H-reflex. Although ICT is used widely in the physiotherapy and rehabilitative medicine settings, there is a dearth of rigorously controlled studies to justify its effectiveness in the management of either acute or chronic pain, - two recent published randomized, controlled trials involving ICT failed to demonstrate any additional analgesic effect compared with traditional (conservative) management of should and low back pain. –”
3. Phys Ther. Vol 83, No. 3, March 2003, pp 208-223: Johnson & Tabasan:
“There were no difference in the magnitude of analgesia between IFC and TENS.”

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)**