I-Decisions Inc.

An Independent Review Organization
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DATE OF REVIEW:
JULY 30, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Purchase of an EMPI 300 PV electric stimulator and supplies

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

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Clinic notes, 11/20/03, 12/16/03, 01/16/04, 10/19/04, 06/11/04, 10/11/04, 01/18/05, 02/01/05, 02/09/05, 02/15/05, 03/24/05, 05/02/05, 07/22/05, 10/25/05, 01/24/06, 04/25/06, 07/25/06, 08/25/06, 10/27/06, 01/30/07, 04/30/07, 05/30/07 and 07/03/07
EMG/NCV, 10/04/06
Office note, Dr., 12/18/07
Office note, Dr., 03/20/07
Utilization review, 06/08/07 and 06/28/07
Reconsideration of denial, 07/05/07

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male whose left arm was trapped between hot steel press rings on xx/xx/xx after a hydraulic press fell. He suffered a crush injury as well as third and fourth degree burns. He has undergone multiple surgeries to the left arm. The last surgery was on 01/09/07 to amputate the left fifth finger at the MCP joint, check vein release of the left middle and ring finger PIP joints, manipulation under anesthesia of the left index finger, anterior/posterior capsular release/excision of the left elbow, excision of exostosis of the left humerus/olecranon and left triceps tendon/muscle release.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
The claimant gentleman who reportedly suffered a crush injury to the left forearm as a result of a vocational injury of xx/xx/xx. More recent records document that recommendations have been made for utilization of an MP300 PV electric stimulator in an effort to offer improved pain relief.

I reviewed the records. There is nothing within the records to suggest that a trial has been undertaken that resulted in substantial improvement in Mr. subjective complaints. In particular, he continues to be on narcotic pain medication and there is nothing within the records to suggest that a trial of the stimulator has resulted in meaningful improvement of symptoms. Furthermore, I am unaware of any well controlled peer reviewed literature that suggests that in large studies that these particular devices have shown statistical benefits in this particular setting. As such, based on the above stated rationale, particularly in the absence of well controlled peer reviewed studies to support the utilization in these cases, I cannot recommend the proposed treatment as either being reasonable or medically necessary and as such would uphold the previous denials in the utilization reviews.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates: Pain Procedures – Neuromuscular Electrical Stimulation

"Under study. The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. Neuromuscular Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles. Functional neuromuscular stimulation (also called electrical neuromuscular stimulation and EMG-triggered neuromuscular stimulation) attempts to replace stimuli from destroyed nerve pathways with computer-controlled sequential electrical stimulation of muscles to enable spinal-cord-injured or stroke patients to function independently, or at least maintain healthy muscle tone and strength. Also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation."

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)