

Clear Resolutions Inc.

An Independent Review Organization
7301 Ranch Rd 620 N, Suite 155-199
Austin, TX 78726

DATE OF REVIEW:

MAY 25, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

RS-2m two-channel muscle stimulator

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

M.D. 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

Progress notes, 03/20/07 and 04/25/07
Operative report, 03/08/07
Prescription, 03/27/07
Product information
Peer review, 04/09/07 and 04/16/07
Request for pre-certification, 04/16/07 and 04/18/07
Request for review, 05/09/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The Reviewer is a male who had a right total knee arthroplasty at a point in the past. The progress noted indicated that the Reviewer had pain and swelling related to the components. On 03/08/07 he underwent a revision of the polyethylene component on the tibial tray and revision of the patellar component for loosening. Following surgery an RS2m stimulator was requested to decrease atrophy. This has been denied.

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

The Reviewer appears to be doing well following surgery and has good motion on the 04/25/07 progress note. There are no clinical records that document that the Reviewer had significant atrophy of the leg prior to or post revision that might support the request of use for atrophy. In general these devices remain unproven and therefore are not considered as medically necessary. There is limited information that there may be some benefit for use but as yet conclusive evidence of efficacy is lacking in peer reviewed literature for use following knee surgery. As such, the request for the purchase of the RS-2m two-channel muscle stimulator is not considered as medically necessary. The Reviewer would uphold the previous denial.

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

Official Disability Guidelines Fifth Edition Treatment in Worker's Comp 2007 Update, Knee- Interferential current therapy
"Under study for recovery post knee surgery."

- 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)