



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 04/22/08

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Item in dispute: EBI BHS bone growth stimulator

**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:

Denial Overturned

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Operative report dated 10/09/07.
2. M.D., dated 10/11/07
3. Discharge summary dated 10/13/07.
4. Medical records from Dr. dated 10/25/07 thru 03/11/08.
5. Physical therapy notes dated 11/20/07 thru 01/03/08.
6. Utilization review determination dated 02/10/08.
7. Letter of appeal by Dr. dated 02/12/08.
8. Prescription for bone stimulator dated 02/13/08.
9. M.D., dated 02/19/08
10. Utilization review determination dated 03/10/08.
11. ***Official Disability Guidelines.***

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The employee is a male who sustained a comminuted fracture of the left ulnar mid shaft, as well as a nondisplaced fracture of the radial head. The employee was initially evaluated at the Hospital by Dr.

The employee was subsequently taken to surgery and underwent an open reduction/internal fixation of the left comminuted ulnar shaft fracture.

Postoperatively, the employee was seen in follow-up on 10/25/07. At that time, his incision was well healed, and the staples were removed. The employee was neurologically unchanged from surgery. He had intact radial, ulnar, and median motor function. The employee complained of some dense numbness in all his digits. He had excellent perfusion. Radiographs demonstrated excellent reduction and fixation of the ulnar shaft fracture. Radiographs of the elbow demonstrated a nondisplaced radial head fracture.

A clinical note dated 01/15/08 indicated that the employee had good interval healing with no failure of fixation. The employee was allowed to perform light duty.

When seen in follow-up on 02/12/08, the employee had some discomfort at the fracture site. He had full range of motion of the elbow. The incision was well healed. Radiographs demonstrated some callus formation but still some persistence of the fracture line. The employee was continued on lifting restrictions and was recommended to have a bone growth stimulator.

A letter dated 02/12/08 indicated that the employee had increased signs of healing; however, recent radiographs revealed the appearance of an impending nonunion. Dr. recommended a bone growth stimulator to accelerate the changes of healing.

The records include a utilization review determination dated 02/19/08. Dr. found the request was not medically necessary. Dr. indicated that it was reported that x-rays revealed healing, and the employee's pain was reducing. Dr. indicated the clinician had not demonstrated in his notes the clinical necessity for a bone growth stimulator.

An appeal was submitted on 03/10/08. This review performed by Dr. found the request as not being necessary.

The employee was seen in follow-up on 03/11/08. He was reported to have radiographic signs of possible impending nonunion. The employee had some discomfort to palpation over the fracture site. Radiographs demonstrated an unchanged appearance when compared to the x-rays four weeks prior. AP and lateral of the forearm demonstrated excellent alignment with good placement of hardware. There was persistence of a fracture line. This was unchanged when compared to x-rays in February.

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

I disagree with the two previous reviewers. The available medical records indicate that the employee, while being appropriately treated, is progressing toward a nonunion of the fracture. The employee is ninety days post surgery with radiographic evidence of nonunion. There was no indication of an infection. It is clear that the two portions of bone involved are separated by less than 5 mm, and that the bone is stable secondary to internal fixation.

In my opinion, the requested bone growth stimulator is medically necessary for this employee who is developing nonunion and would be supported by the ***Official Disability Guidelines***.

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

1. ***Official Disability Guidelines***, 11<sup>th</sup> Edition, The Work Loss Data Institute