



Southwestern Forensic  
Associates, Inc.

**DATE OF REVIEW:** 04/17/08

**IRO CASE #:**

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

Request for the purchase of an electrical muscle stimulator.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.C., practicing chiropractor with over 28 years of experience, certified in Manipulation Under Anesthesia, Impairment Rating, and Peer Review, serving as a Designated Doctor for Texas Workers' Compensation System

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This patient was working for a xxxx when the leg was crushed between two vehicles. He was immediately transported to the hospital and underwent multiple surgeries. The patient presently complains of pain, burning, tingling, and significant swelling to the lower extremity. Diagnostic studies revealed some atrophy to the left tibialis anterior, extensor hallucis longus and extensor digitorum longus.

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

It is my opinion that the utilization review doctors were correct in using the ODG Treatment Guidelines, particularly the chapter of the knee and leg. However, both of them appear to be quoting recommendations for use of TENS rather than electrical muscle stimulation. While TENS has been found to be clinically relevant for short-term pain relief, this is not the outcome that Dr. is seeking for his patient.

The second utilization review physician stated that there was limited evidence for no benefit from electrical muscle stimulation compared to a placebo control for pain in chronic mechanical neck disorders. Again, Dr. primary decision to use EMS was not for pain control but for muscle rehabilitation, and it was for the leg, not for a neck disorder. The physician also states that according to ODG Guidelines, most characteristics of EMS are comparable to TENS. While that may be true, it is most characteristics and not all of

them. EMS has been found to be more effective for rehabilitation and strengthening of muscle disorders.

According to the EMG performed by Dr. on 02/27/08, it appears that there is reinnervation of the lower extremities. As stated by Dr., if reinnervation of the peroneal nerve can be accomplished, this will, in fact, help the patient recover from the foot and toe drop. The fact that there is a possibility that the EMS units may expedite this reinnervation and eliminate some of the symptoms the patient is having, I feel, in my opinion, entitles him to the unit. It is also possible that with the treatments, in time the impairment rating for the patient could be lowered due to the improvements.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)