



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 02/22/08

**IRO CASE #:**

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

Items In Dispute: Purchase of RS-2M neuromuscular 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 Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. 09/07/07 & 09/10/07 –M.D.
2. 09/10/07 – RS Medical Prescriptions.
3. 12/12/07 thru 01/19/08 –. notes.
4. 01/04/08 & 01/18/08 –Company.
5. 01/11/08 thru 01/18/08 – Letters of appeal.
6. ***Official Disability Guidelines.***

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The employee has undergone surgery on the left knee that was performed on 01/30/07 with excision of loose bodies, torn lateral meniscus, and chondroplasty of the femoral groove. The employee then had an abrasion chondroplasty of the patella in July, 2007. He had continued physical therapy and treatment with an RS-2M stimulator.

Dr. examined the employee on 09/07/07 and found range of motion decreased to 110 degrees of flexion. There was no localized tenderness. The employee has been found to be at Maximum Medical Improvement (MMI) by Dr. with an impairment of 6%. The employee is working on light duty.

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

**Official Disability Guidelines** do not specifically cover the neuromuscular stimulator. The literature provided by the requestor indicates that this apparatus is to be used to treat muscle conditions. The RS-2M contracts the muscle. The clinical evidence provided by Dr. does not reveal any indication of atrophy, muscle cramping, or any other indication for further treatment with a muscle strengthening device. According to the records, this equipment has apparently been used to treat chronic pain. This indication does not appear in the literature supplied by the provider. The literature specifically states that this is not a TENS unit. **Official Disability Guidelines** do recommend TENS units for use as a treatment for pain for osteoarthritis. It offers clinically relevant short-term pain relief for osteoarthritis of the knee. The medical records provided do not contain any indication for the purchase of the requested RS-2M neuromuscular stimulator. Therefore, the request is non-certified.

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

**1. ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**