DATE OF REVIEW: 04/20/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

DJO OL1000 Bone Growth Stimulator

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Trauma, Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
DJO OL1000 Bone Growth Stimulator			Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	IRO Request	TDI	12	03/31/2009	03/31/2009
2	Office Visit Report		4	02/18/2009	02/18/2009
3	Diagnostic Report		1	01/28/2009	01/28/2009
4	Initial Denial Letter		3	03/19/2009	03/19/2009
5	Op Report		5	01/28/2009	01/28/2009
6	UR Request		1	03/11/2009	03/11/2009
7	Appeal Denial Letter		3	03/27/2009	03/27/2009

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who suffered a comminuted intraarticular distal radius fracture left on xx-xx-xx when she fell on ice. She underwent an open reduction internal fixation. A bone growth stimulator was ordered 2/18/09. The initial request for purchase of the bone growth stimulator was denied; reconsideration was requested and was denied.

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

There is no documentation of the current status of healing of this fracture. If evidence of early fracture healing can be documented at the current time, approximately 6 weeks post injury, then the bone growth stimulator is not indicated. If no healing callous can be documented, then bone growth stimulator could be indicated on the basis of "delayed union". Currently there is insufficient documentation to justify the purchase of a bone growth stimulator.

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

ODG: Bone growth stimulators, ultrasound

Bone growth stimulators, ultrasound	Recommended as indicated below. The time to union was significantly shorter for the fractures that were treated with ultrasound than it was for those that were treated with the placebo, 61 days compared with 98 days; and in another study, distal radius fracture healing time was reduced by 51% in smokers and 34% in nonsmokers with the active device. (Kristiansen, 1997) (Cook, 1997). **Criteria for the use of Ultrasound fracture healing:** Fresh Fractures: Most fresh fractures heal without complications with the use of standard fracture care, i.e., closed reduction and cast immobilization. However, low intensity ultrasound treatment may be considered medically necessary for the treatment of fresh, closed or Grade I open fractures of the tibia in skeletally mature adults when at least one of the following significant risk factors for delayed fracture healing or nonunion are present: (1) Diabetes; (2) Osteoporosis; (3) Steroid therapy; (4) Currently smoking; (5) Fractures associated with extensive soft tissue or vascular damage. Other factors that may indicate use of ultrasound bone healing depending on their severity may include: Obesity, nutritional or hormonal deficiency, age, low activity level, anemia, infection, or communited or other especially complicated fractures. See also the Knee Chapter.

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 04/20/2009.