

SENT VIA EMAIL OR FAX ON
Sep/15/2010

IRO Express Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

DME Tens Unit Purchase or Rental

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:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Note, Dr., 12/11/09

Independent Medical Evaluation, Dr., 04/15/10

Office notes, Dr., 05/13/10, 06/22/10, 06/30/10

PT daily progress note, 07/05/10

Supartz injections, Dr., 07/07/10, 07/28/10

PT daily progress note, 07/08/10

Peer Reviews, 07/16/10, 07/29/10

PT Evaluation, 08/16/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a work related injury to his right knee on xx/xx/xx when he slipped, twisted his right knee and fell. He had severe pain in the front and inner aspect of his right knee. He was initially started on medications and physical therapy and also had a brace and crutches. His knee gave way and he fell down stairs without severely aggravating his symptoms, was seen by Dr. and had a right arthroscopic partial lateral meniscectomy with microfracture chondroplasty medial and lateral femoral condyles on 12/11/09. The claimant was doing well post-operatively until the beginning of weight bearing when he had a severe pop and recurrence of severe pain with weight bearing. He underwent a second surgery by Dr. in the form of a right knee arthroscopy with lateral meniscectomy, an abrasion chondroplasty of the medial femoral condyle with osteochondral fracturing of the medial femoral condyle and an abrasion chondroplasty of the femoral sulcus. Post-operatively, the claimant continued with pain, swelling, and a give way sensation. He received 5 Supartz injections for a diagnosis of osteoarthritis. The claimant attended physical therapy and received interferential current therapy. Since the interferential current therapy helped to relieve his pain, Dr. recommended a TENS unit for the claimant.

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

The proposed TENS unit purchase or rental is medically necessary and appropriate based upon the records provided in this case.

If one looks towards the ODG guidelines, a TENS unit is recommended as an option for patients in a therapeutic exercise program for osteoarthritis as a treatment for pain. In this case, the claimant clearly carries the diagnosis of knee osteoarthritis, has been in physical therapy, and received interferential current therapy, which did help relieve his pain.

As the claimant meets ODG guidelines and an interferential unit did help him, a TENS unit purchase or rental would be considered medically necessary and appropriate in this case based upon review of the records provided.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates. Knee and Leg: TENS Unit

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

ACOEM-AMERICA 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

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)