

SENT VIA EMAIL OR FAX ON
Aug/19/2011

Applied Assessments LLC

An Independent Review Organization
3005 South Lamar Blvd, Ste. D109 #410
Austin, TX 78704
Phone: (512) 772-1863
Fax: (512) 857-1245
Email: manager@applied-assessments.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/19/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
EXOGEN Bone Healing System, a Non-invasive Osteogenic Ultrasound Stimulator

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

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

1. Request for IRO dated 08/04/11
2. Clinical records Dr. 04/12/11-06/23/11
3. Operative report dated 04/04/11
4. Notice of utilization review determination dated 07/05/11
5. Notice of utilization review determination dated 07/19/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male who sustained left tibial shaft fractures as a result of work place activity. Clinical records indicate the claimant was taken to surgery by Dr. on 04/04/11 at which time he performed an ORIF of tibia shaft fracture utilizing an intermedullary nail. Postoperatively the claimant was seen in follow-up on 04/12/11. His wounds are reported to be clean and dry. He had some mild swelling of left lower extremity. The dermal staples were intact. Dressing was applied and posterior long leg splint. He is to be followed up in

one week for removal of sutures.

On 04/19/11 the claimant was seen in follow-up. Radiographs show good position and alignment of fracture. The claimant has intermedullary nail with proximal and distal screws intact. The dermal staples were removed and steri-strips were placed across the wound. He was placed in long leg boot and was kept in non-weightbearing status.

On 05/03/11 the claimant was seen in follow-up by Dr.. Radiographs show good position and alignment of fractures. There is good bony growth through fracture site. He is reported to be getting some decent callous. He was continued in boot and will be seen in follow-up for x-rays and reevaluation.

On 05/10/11 the claimant is status post ORIF. It is reported that the claimant does not have any flexion or extension of his knee. Radiographs from previous week look great. He's to be referred to physical therapy to work on his hamstrings and motion of his knee.

On 06/23/11 the claimant is reported to be a diabetic with a tibial fracture with slow union that required ORIF with an intermedullary nail. He's further noted to have radiculopathy at L4-5 on the left leg and is continuing to have some pretty significant back pain. He was subsequently provided an exigent bone growth stimulator to help accelerate fracture healing and to see if he can get over this injury quickly and participate in physical therapy with lumbar stabilization.

The initial request was reviewed on 07/05/11 by Dr. who notes that the claimant is only one month post-operatively and x-rays show no evidence of a problem with healing and no evidence of early stage of non-union. He notes that there's no x-ray documentation of delayed healing and non-union and there are no serial x-rays confirming the progressive signs of confirming that no progressive signs of healing have occurred.

The subsequent appeal request was reviewed on 07/19/11 by Dr. who notes that the exigent bone healing system is not indicated or supported under peer review guidelines. He further notes that there are no serial x-rays documenting the lack of progression or healing and that there was callous identified. He notes that exigent would not be medically supported under peer reviewed literature and that there should be serial x-rays identifying no progression of union for a period of three months with the initiation of conventional fracture treatment.

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

The request for external bone growth stimulator or exigent the request for exigent bone healing system non-invasive osteogenic ultra sense stimulator is not medically necessary and the previous determinations are upheld. The submitted clinical records indicate that the claimant is status post ORIF of a left tibial shaft and fibula shaft fractures on 04/04/11. The serial records and radiographs provide absolutely no evidence of a development of a non-union. In the absence of objective findings on radiographs establishing the lack of a non-union after 90 days given the lack of objective findings on radiographs to establish the progression of or the development of a non-union an exigent bone growth stimulator would not be supported under current evidence based guidelines. It would appear from the provider's notes that the intent was to accelerate healing so the claimant could be provided aggressive physical therapy.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES