



Notice of Independent Review Decision

DATE OF REVIEW: 05/31/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

E0747 electrical bone growth stimulator for 01/17/2011

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

REVIEW OUTCOME

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

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The requested E0747 electrical bone growth stimulator for 01/17/2011 is medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Referral form
- 05/11/11 Referral
- 05/11/11 Notice To Utilization Review Agent Of Assignment
- 05/11/11 Notice of Case Assignment
- 05/10/11 Confirmation Of Receipt Of A Request For A Review
- 04/05/11, 01/14/11 Reconsideration fax
- 04/29/11 Request For A Review By An Independent Review Organization
- 04/25/11 medical records review report M.D.
- 03/31/11 report from M.D.
- 03/18/11, 04/29/11 letters from Patient Services at Clinic
- 01/24/11, 03/24/11, 04/13/11 Adverse Determination Letters, Utilization Review Nurse
- 01/17/11 Service Agreement
- 12/22/10 Adverse Determination Letter, Utilization Review Nurse
- 12/16/10 preauthorization Fax
- 12/16/10, 12/10/10 Cover Sheets
- 12/09/10 Certificate of Medical Necessity Clinic
- 12/09/10 fax cover sheet from with attached Bone Growth Stimulator CR100 form
- 12/09/10 prescription note Clinic
- 11/04/10 to 04/21/11 reports from M.D., Clinic
- Patient Demographics sheet
- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a XX year old male with date of injury XX/XX/XXXX. He had a left ankle malleolar fracture. He was casted and then in an air cast. His x-ray of 12/30/20XX showed a 3 mm gap in the fracture and no callus formation. The injured individual was given an electrical bone stimulator (EBS) on 01/17/2011. His x-ray of 01/27/2011 showed the same gap size but some sclerosis. Only his latest x-ray of 03/31/2011 has shown some good healing. He has used the EBS from 01/17/2011 on and is now ready to begin physical therapy (PT).

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

The injured individual had a left malleolar fracture that is non-healing at XX days on 12/30 x-ray and XX days on 01/27/2011 x-ray. He got an EBS shortly before this second film was taken as he had ongoing pain and loss of function. The injured individual was at the XX day mark when the unit was billed (01/17/2011). While this is less than 90 days as required by Official Disability Guidelines (ODG), his attending provider had made multiple notations via serial x-rays of non union. Waiting until the 90 day mark would not be appropriate as it was clear his ankle fracture was not healing properly a few weeks before this was given to him. This is a slight variation on ODG but is supported in this case.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Recommended as indicated below. An electrical bone growth stimulator (EBS) uses electric current to promote bone healing. The current may generate a direct, direct pulsating or pulsating electromagnetic field (PEMF). Bone growth stimulators may be invasive, semi-invasive, or noninvasive. Direct current electrical bone-growth stimulators may be appropriate for non-unions, failed fusions, and congenital pseudarthrosis where there is no evidence of progression of healing for three or more months despite appropriate fracture care. (Akai, 2002) (Petrisor, 2005) (BlueCross BlueShield, 2005)

Criteria for the use of non-invasive electrical bone growth stimulators:

Non-union of long bone fracture (5-10% exhibit signs of delayed or impaired healing) must meet ALL of the following:

- The two portions of the bone involved in the non-union are separated by less than one centimeter;
- AND
- Location in the appendicular skeleton (the appendicular skeleton includes the bones of the shoulder girdle, upper extremities, pelvis, and lower extremities); AND
- The bone is stable at both ends by means of a cast or fixation; AND
- A minimum of 90 days has elapsed from the time of the original fracture and serial radiographs over three months show no progressive signs of healing (except in cases where the bone is infected, and the 90-day waiting period would not be required).

(Saxena, 2005) (BlueCross BlueShield, 2007) (BlueCross BlueShield, 2008)

Criteria for use for invasive electrical bone growth stimulators:

See the Low Back Chapter.