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Notice of Independent Review Decision

[Date notice sent to all parties]:

01/20/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: ERMI Shoulder Flexionator

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

Licensed Psychologist

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

Complaint - This gentleman was injured while working. The medical records that have been presented for review in this case show that he was lifting a ladder that fell. He had a strain on his right arm that caused pain. His first evaluation was at where he was diagnosed with an acute rupture of the triceps tendon. He was referred to an orthopedic surgeon, who examined him on xx/xx/xx. The doctor took him to surgery for repair of the tendon rupture. He had post-operative physical therapy. reported on 09/10/13 that the elbow had full range of motion. The doctor then reported pain and dysfunction in the right

shoulder related to the injury. An MRI reported partial tears of the rotator cuff along with down-sloping of the acromion. took him to surgery on 08/06/14 for an arthroscopic rotator cuff repair. The doctor then sent him to physical therapy. reported on 12/05/14 that had pain in the shoulder when riding the bus. He had mild pain with repetitive motions. The doctor continued the physical therapy. No physical examination was recorded for that date. The therapist reported on 12/11/14 that the gentleman still had reduced range of motion and strength in the right shoulder, but it was improving.

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

According to the ODG, this equipment is under study. Under study for adhesive capsulitis. No high quality evidence is yet available. A study of frozen shoulder patients treated with the ERMI Shoulder Flexionater found there were no differences between the groups with either low or moderate/high irritability in either external rotation or abduction (glenohumeral abduction went from about 52% to 85% in both groups over a 15-month period), but there was no control group to compare these outcomes to the natural history of the disease. (Dempsey, 2011) According to other studies, outcomes from regular PT and the natural history of adhesive capsulitis are about as good. (Dudkiewicz, 2004) (Guler-Uysal, 2004) (Pajareya, 2004)

The request is non-certified due to not meeting ODG criteria of a significant change in objective findings. This equipment is under study and there are no peer-reviewed studies that indicate efficacy of the treatment.

He has already had extensive physical therapy and he has improved. There is no evidence in the medical records that he would be improved by a passive motion machine. He is doing home exercise as instructed.

IRO REVIEWER REPORT TEMPLATE -WC

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