SAMPLE LETTER

DATE XX

Insurer details

XX

Patient:              XX

Claim number:    XX

Diagnosis:          XX

Date of injury:   XX

I am writing in regards to my patient XX. In XX (date), Mr/Mrs XX fell on their outstretched hand and sustained a distal third non displaced right scaphoid fracture – confirmed with radiographic findings. Mr/Mrs XX was then treated with a scaphoid cast for 4 months. A CT scan was obtained on XX (date) and indicated a delayed union of the distal pole of the scaphoid.

Due to the lack of vascularity of the scaphoid, the history of nonunion and the long term complications associated with this type of injury, I would like to prescribe a Melmak bone growth stimulator for my patient. The Melmak Device is a Low Intensity Pulsed Ultrasound Therapy Device (LIPUS). LIPUS devices have been clinically found to support and accelerate the healing process of fresh fractures and non-unions in appropriate clinical situations. There is good clinical evidence to indicate its use.

 Published clinical reviews of LIPUS devices include the following:

1. Busse JW, Bhandari M, Kulkarni A, Tanks E. **The effect of low-intensity pulsed ultrasound therapy on time to fracture healing: a meta-analysis**. CMAJ. 2002 Feb 19;166(4):437-441.
2. Rubin C, Bolander M, Ryaby J, Hadjiargyrou M. **The use of low-intensity pulsed ultrasound to accelerate the healing of fractures**. JBJS Am. 2001 Feb.83-A (2):259-270.
3. Siska P, Gruen G, Pape HC. **External adjuncts to enhance fracture healing: What is the role of ultrasound?** Injury Journal. 2008 Oct.39 (10):1095-1105.

*(These reviews, report on research performed using low intensity pulse ultrasound systems (LIPUS) other than the Melmak device)*

The use of a LIPUS device now is likely to avoid the cost of surgery, prolonged rehabilitation and the potential for long term disability associated with a wrist fusion, as well as significant time lost from work. The Melmak bone growth stimulator is a LIPUS device that provides a cost effective clinical pathway for treatment. In my view, it is a medically necessary and reasonable treatment at this time.

Please notify me of the approval for the application of the Melmak bone growth stimulator at your earliest convenience.

Sincerely,

XX (surgeon name)