

# Applied Assessments LLC

*An Independent Review Organization*  
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## Notice of Independent Review Decision

**DATE OF REVIEW: JULY 6, 2008**

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Purchase of TENS Unit and Supplies

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

AADEP Certified  
Whole Person Certified  
TWCC ADL Doctor  
Certified Electrodiagnostic Practitioner  
Member of the American of Clinical Neurophysiology  
Clinical practice 10+ years in Chiropractic WC WH Therapy

### **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)

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 reviewer finds that medical necessity does not exist for purchase of TENS Unit and Supplies.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters 6/17/08, 5/22/08  
ODG Guidelines and Treatment Guidelines  
DC 5/9/08, 5/12/08  
Imaging Report 2/22/08  
Medical Literature for consideration submitted by URA

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured employee injured her knee on xx/xx/xx. Records indicate that the injured employee had moderate ROM to the right knee, tenderness in the cervical spine, patella tenderness on the right and left, muscle spasms and tenderness in the cervical and lumbar spine. The injured employee had undergone physical therapy. The employee has been approved for an injection with Dr. MRI of the right knee revealed joint effusion and Grade II myxoid changes.

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

The medical documentation submitted does not support the request for TENS Unit purchase. The purchase would fall outside of the ODG Guidelines.

**TENS unit:** Medical documentation provided was limited.

- Does not support purchase without clinical trial.

See below ODG TENS Unit.

TENS (transcutaneous electrical nerve stimulation)	Recommended as an option for patients in a therapeutic exercise program for osteoarthritis as a treatment for pain. The addition of TENS plus exercise appears to produce improved function (greater cumulative knee extensor torque, stride length, gait velocity and range of motion) over those treated with exercise only, although the difference has not been found to be significant. ( <a href="#">Philadelphia, 2001</a> ) ( <a href="#">Hulme-Cochrane, 2002</a> ) ( <a href="#">Ng, 2003</a> ) ( <a href="#">Cheing, 2004</a> ) ( <a href="#">BlueCross BlueShield, 2005</a> ) ( <a href="#">Osiri, 2000</a> ) Transcutaneous electrical nerve stimulation offers clinically relevant short-term pain relief for osteoarthritis of the knee, according to a report in the June 22nd issue of BMC Musculoskeletal Disorders. ( <a href="#">Bjordal, 2007</a> ) Transcutaneous electrical nerve stimulation can help with short-term pain control among patients with hip or knee OA. ( <a href="#">Zhang, 2008</a> )
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**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN 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)**