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Notice of Independent Review Decision

DATE OF REVIEW: 10/13/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: DME Tens Unit and supplies E0730 A4595 purchase

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

Texas Board Certified Anesthesiologist/Pain Management

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Progress note dated 03/13/09
2. Progress note dated 03/23/09
3. Progress note dated 04/08/09
4. Right shoulder x-ray 3 views 04/10/09
5. Physical therapy evaluation dated 04/22/09
6. Progress note dated 04/22/09
7. Progress note dated 05/06/09
8. Physical therapy evaluation 05/18/09
9. Progress note dated 05/20/09
10. Progress note dated 06/03/09
11. Utilization review dated 08/07/09
12. Utilization review dated 08/28/09
13. Progress note dated 09/23/09
14. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a female who was reported to have sustained an injury on xx/xx/xx when she was taking a tray of food from the oven and the tray went to the side. She tried to prevent it from falling and felt a popping to her right wrist and also felt a moderate sharp pain to the wrist. She initially was diagnosed with a right wrist sprain, and right shoulder sprain subsequently was added.

X-rays of the right wrist three views performed on 03/14/09 showed no bony or joint abnormality. Right shoulder x-rays three views on 04/10/09 were reported as negative.

The employee was seen by Dr. on xx/xx/xx with complaints of right wrist pain with movement of right hand and pain radiating to right shoulder with movement of arm. Upon examination, there was right wrist tenderness with decrease grip and range of motion. She was prescribed Motrin.

A progress note dated 03/23/09 reported right wrist tenderness with decrease grip and range of motion but improved by 50%.

A progress note dated 04/08/09 reported right wrist tenderness with decrease grip and range of motion almost normal; right shoulder very tender to AC area with decreased strength and range of motion.

A progress note of 05/06/09 reported right wrist tender with better grasp and range of motion. The right shoulder was less tender to AC area with better strength and range of motion.

A progress note of 05/20/09 reported right wrist tender with better grasp and range of motion. The right shoulder was less tender to AC area with better strength and range of motion limited to about 50% of normal.

The employee underwent a course of physical therapy and was noted to have made steady progress with right shoulder increased range of motion, increased strength, increased scapular stabilization, and decreased pain throughout twelve visits of therapy. However, a therapy evaluation dated 05/18/09 noted that the employee reported reinjury the day before when she reached out to stop her grandchild from crossing a street and felt immediate pain at right shoulder.

The employee was seen by Dr. on 06/03/09 with complaints of on and off pain to right shoulder with certain movements of the right arm. Upon examination, there was reported tenderness to biceps insertion, inability to elevate right shoulder beyond 90 degrees, and a positive rotator cuff sign.

A utilization review request for a TENS unit and supplies purchase was non-certified by Dr. on 08/07/09, noting that the effectiveness of TENS units had yet to be established by evidence-based trials. Dr. also noted that the employee's response to conservative therapy such as pharmacotherapy and physical therapy had not been emphasized, and the functional objective employee response through visual analog pain scales and physical therapy progress notes were not provided.

An appeal request for durable medical equipment TENS unit and supplies purchase was non-certified by Dr. on 08/28/09, who noted that the records did not objectively document failure of initial pain treatment modalities, and there were no clearly indicated short and long term goals of treatment. Dr. also noted that there was no clearly defined therapeutic plan for restoration of function, including employee participation in an ongoing independent exercise regimen to be continued in conjunction with the proposed durable medical equipment.

A progress note from Dr. dated 09/23/09 noted a right shoulder drop with muscular atrophy; diminished range of motion, limitation to elevation anteriorly and laterally to 90 degrees or less, and decreased strength. There reportedly was a positive rotator cuff sign with tenderness to supraspinatus insertions.

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

The request for purchase of a TENS unit and supplies is not supported as medically necessary by the clinical information submitted for review, and previous utilization review determination of non-authorization should be upheld. The employee was noted to have sustained an injury to the right wrist, and subsequently developed complaints of right shoulder pain. She was treated conservatively with therapy and anti-inflammatory medications. Imaging studies were negative for bony or soft tissue abnormalities.

Per **Official Disability Guidelines**, a TENS unit is not recommended as there is no scientifically proven efficacy in the treatment of acute hand, wrist, or forearm symptoms, but are commonly used in physical therapy. In general, it would not be advisable to use these modalities beyond two to three weeks if signs of objective progress towards functional restoration are not demonstrated. In regard to the shoulder, **Official Disability Guidelines** reflect that a TENS unit is recommended post stroke to improve passive humeral lateral rotation. For other shoulder conditions, TENS units are not supported by high quality medical studies. Based on the clinical data presented, the medical necessity is not established for purchase of a TENS unit and supplies.

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

ODG Treatment Integrated Treatment/Disability Duration Guidelines, Forearm, Wrist and Hand chapter, Online Version

<p>TENS (transcutaneous electrical neurostimulation)</p>	<p>Not recommended. Transcutaneous electrical neurostimulation (TENS) units have no scientifically proven efficacy in the treatment of acute hand, wrist, or forearm symptoms, but are commonly used in physical therapy. (Milliman, 1998) There are conflicting effects of TENS on pain outcomes in patients with arthritis in the hand. Acupuncture-like TENS (AL-TENS) may be beneficial for reducing pain intensity and improving muscle power scores over placebo while, conversely, Conventional TENS (C-TENS) resulted in no clinical benefit on pain intensity compared with placebo. Not all patients tolerate AL-TENS, however, as it is reported to be uncomfortable, even though it may be more efficacious than C-TENS. (Brosseau-Cochrane, 2003) There may be some benefit for people suffering from hand hypersensitivity. (Cheing, 2005) One controlled trial of short-term electrical stimulation in conjunction with neurodevelopmental exercises showed slightly</p>
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	improved hand function in the TENS group over placebo. (Yozbatiran, 2006) In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. See also the Pain chapter.
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ODG Treatment Integrated Treatment/Disability Duration Guidelines, Shoulder chapter, Online Version

TENS (transcutaneous electrical nerve stimulation)	Recommended post-stroke to improve passive humeral lateral rotation, but there is limited evidence to determine if the treatment improves pain. (Price, 2000) For other shoulder conditions, TENS units are not supported by high quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapy providers available for referral. (Green-Cochrane, 2003) (Verhagen-Cochrane, 2004) For more information, see the Pain Chapter .
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