

Notice of Independent Review Decision

**PEER REVIEWER FINAL REPORT**

**DATE OF REVIEW:** 1/27/2010  
**IRO CASE #:**

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

Appeal 2 month rental of TENS unit  
Appeal 4 Packs of Electrodes

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer graduated from University of Missouri-Kansas City and completed training in Physical Med & Rehab at Baylor University Medical Center. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Physical Med & Rehab since 7/1/2006 and Pain Management since 9/9/2006. This reviewer currently resides in TX.

**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)

Appeal 2 month rental of TENS unit  
Appeal 4 Packs of Electrodes Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Notice to air analyses by dated 1/7/2010
  2. IRO request form dated 1/7/2010
  3. Notice to utilization review by dated 1/7/2010
  4. Request for a review dated 1/4/2010
  5. Clinical note dated 12/30/2009
  6. Range of motion study dated 12/30/2009
  7. Comparative muscle testing dated 12/30/2009
  8. Patient follow up dated 12/29/2009
  9. Prescription note dated 12/23/2009
  10. History note by MD, dated 12/23/2009
  11. Pre authorization form dated 12/23/2009
  12. Letter by author unknown, dated 12/22/2009
  13. Review summary dated 12/21/2009
  14. Pre authorization request dated 12/21/2009
  15. Fax page dated 12/16/2009
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16. Fax cover sheet dated 12/15/2009
17. Notification of determination by DO, dated 12/9/2009
18. Notice to utilization review by dated 12/9/2009
19. History note by MD, dated 12/8/2009
20. History note by MD, dated 12/8/2009
21. Fax page dated 12/3/2009
22. Initial psychological evaluation by PhD, dated 11/30/2009
23. Work status report dated 11/24/2009
24. Patient follow up dated 11/23/2009
25. Work status report dated 11/23/2009
26. Follow up note dated 11/23/2009
27. Clinical note dated 11/21/2009
28. History note by author unknown, dated 11/17/2009
29. Electro diagnostic interpretation dated 11/8/2009
30. Letter by MD, dated 10/29/2009
31. Physical capacity evaluation dated 10/23/2009
32. Range of motion study dated 10/23/2009
33. Initial patient evaluation dated 10/21/2009
34. Initial patient evaluation dated 10/21/2009
35. Radiology report by MD, dated 10/13/2009
36. Medical record dated 8/31/2009
37. Prescription note dated 8/31/2009
38. Pre authorization form dated unknown
39. Pre-authorization form dated unknown
40. Official Disability Guidelines (ODG)

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The injured employee is a woman with an injured right shoulder on xx/xx/xx. MRI of right shoulder on 10/13/09 revealed acromion spurring and anomaly associated with impingement, subacromial/subdeltoid bursitis, intrasubstance tear/myxoid change in the rotator cuff, trabecular fracture versus early geode formation within the greater tuberosity of the humeral head, vertical tear anterior glenoid labrum versus Buford complex. She eventually underwent shoulder surgery on 12/21/09 for Superior Labral Anterior-Posterior (SLAP) repair, subacromial decompression and debridement.

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

Based on the clinical scenario and ODG recommendations the 2 month rental of Transcutaneous Electrical Neural Stimulation (TENS) unit and 4 packs of electrodes are not medically necessary. The post operative notes of Dr. and Dr. indicated the injured employee is doing well in the immediate post operative period. It is noted her pain is well controlled with Vicodin 5 mg. She is progressing with a rehabilitation protocol on the shoulder. TENS unit for shoulder pain is only recommended for post stroke shoulder pain. A TENS unit could be requested for postoperative site pain but only a 1 month rental period is recommended. The device was ordered prior to surgery by the treating chiropractor and it is noted that post operatively the injured employee is not having significant pain; therefore a TENS unit would not be necessary for this purpose. Recommendation is that previous denials of 2 month rental of Transcutaneous Electrical Neural Stimulation (TENS) unit and appeal 4 packs of electrodes be upheld.

**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)