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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/14/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

E0730 DME Purchase: Four Lead TENS Unit and A4595 DME Purchase: TENS Supplies, Electrodes

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

M.D., Board Certified Anesthesiology/Pain Management

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 medical necessity exists for each health care service in dispute. The reviewer finds medical necessity is not established for E0730 DME Purchase: Four Lead TENS Unit and A4595 DME Purchase: TENS Supplies, Electrodes.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Clinic notes xxxxx 07/18/08-07/27/12

Drug screens dated 04/08/11-06/21/12

Pain management summary reports dated 10/20/11-10/26/11

Prior reviews dated 06/26/12-07/11/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who sustained an injury on xx/xx/xx when she tripped and fell, hitting a pallet. She sustained contusions to the wrists and elbow. The patient was status post multiple surgical procedures including right wrist tenosynovectomy and right carpal tunnel release in 06/06. The patient also underwent several procedures to her knees. Prior medications have included Cymbalta, Celebrex, Voltaren, and Arthrotec. The patient has also been prescribed pain medications to include Skelaxin, Norco, Opana, Hydrocodone, Morphine and Tramadol. The patient completed a chronic pain management program in October of 2011. She has been followed by xxxxxx since 2008. Clinical evaluation on 05/24/12 stated the patient had continued knee pain and physical examination was brief and unremarkable. The claimant returned on 06/26/12 with continuing complaints of chronic knee pain. The clinic note indicated the claimant had attended physical therapy since 2008 following total knee arthroplasty. Physical examination on this visit revealed full range of motion of left knee with surgical scarring present. Mild appreciable edema and tenderness to palpation over medial lateral aspects of left knee was noted. The patient reported decrease in sensation in medial lateral and posterior aspects of left lower extremity. The clinic note indicated the patient was referred for physical therapy. The claimant returned on 07/27/12 with complaints of increase in "grinding pain" from left knee. The claimant was

reported to be poorly conditioned with weakness in musculature of left thigh and calf. Physical examination at this visit revealed mild crepitation in left knee without other significant changes noted. The claimant was recommended to continue with home exercise program. The request for purchase of TENS unit with associated supplies was denied by utilization review on 06/26/12 due to lack of evidence supporting use of TENS unit in home environment without structured therapy. The request for DME purchase of TENS unit and associated supplies was also denied by utilization review on 07/11/12 as TENS units have limited role in treatment of osteoarthritis and the claimant has not improved with prior treatment to date.

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

The claimant has long standing history of chronic left knee pain following a total knee arthroplasty completed in 2008. The claimant has attended a prior chronic pain management program and continues to be on significant amount of medications. Although the claimant was referred for physical therapy in 06/12, there is no indication from clinic notes that the claimant is actively attending physical therapy program in which TENS unit could be reasonably used as an adjunct. Additionally, there is no indication from clinic notes that the claimant has used a TENS unit on trial basis that has significantly improved the claimant's functional status and resulted in reduction in medication usage. Given the lack of any clinical evidence that would support efficacy of TENS unit purchase at this point in time, the reviewer finds medical necessity is not established for E0730 DME Purchase: Four Lead TENS Unit and A4595 DME Purchase: TENS Supplies, Electrodes. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

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

ACOEM-AMERICA 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)