

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 03/21/12

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Additional 3 Month Rental of DME - IF8100 Electric Stimulation Unit and Supplies to Include CPT codes E0745, A4556, A4630

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

Board Certified Orthopedic Surgeon

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. Operative report 08/22/11
2. Physical therapy progress notes
3. Clinical records 09/01/11-11/17/11
4. Prescription letter of medical necessity 09/27/11
5. Letter of medical necessity 09/21/11
6. Letter 11/17/11 and 01/11/11
7. Utilization review determination 12/30/11
8. Utilization review determination 01/19/12

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant is a female who underwent right shoulder arthroscopy on 08/22/11 at this time performed a subacromial decompression and distal clavicle excision rotator cuff repair and bicipital release. Post-operatively the claimant was seen in follow-up on 08/25/11 she had no evidence of infection. On 09/01/11 the claimant's sutures were removed. She was immobilized. She subsequently was referred for physical therapy. She was seen in follow-up on 09/22/11 at which time a passive range of motion is improving. Her sling was discontinued. She was initiated on a gradual course of active physical therapy. Records indicate that the claimant was

recommended to have an inferential stimulation unit. She was seen in follow-up on 10/20/11 and has continued problems with pain. She has excellent range of motion rotator cuff strength is improving she was provided Medrol DosePak. She was provided oral medication Dilaudid for pain control. The claimant was subsequently seen in follow-up on 11/17/11. It's noted that Medrol DosePak did not provide any relief her pain is worse with use. On examination she has good range of motion and discomfort with rotator cuff stressing. She subsequently received a steroid injection at this visit. She again was requested to have a TENS unit on 11/17/11. When seen in follow-up on 12/16/11 she's noted to be much improved from her pre-operative state she's noted to have some ache and discomfort she's to be referred to the pride program for pain management as she is finished up her therapy and continues to have discomfort she has good range of motion she has good rotator cuff strength she's opined to be at maximum medical improvement. On 01/11/11 submitted a letter noting that the claimant required an extra three months rental of her TENS unit starting from December due to pain limitations with her therapy and to help control pain and her progression with therapy and recovery. The initial review was performed by on 12/30/11 who non-certified the request noting that there is no Official Disability Guidelines recommendation for long term use of passive modalities or DME e-stim specifically not recommended. A subsequent appeal request was performed by record on 01/19/12 who notes that the claimant has had numerous sessions of physical therapy post-op she should be able to perform daily active home exercise he notes that Official Disability Guidelines recommends TENS unit for the shoulder only in post-stroke patients. He notes that the claimant has done well post surgery but still has discomfort with rotator cuff stressing.

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

The request for additional three month rental of DME IF8100 electric stimulation unit and supplies is not supported as medically necessary and the previous utilization review determinations are upheld. The submitted clinical records indicate that the claimant is status post surgical intervention consisting of a subacromial decompression distal clavicle excision rotator cuff repair and bicipital release on 08/22/11. Post-operatively the claimant has been referred for physical therapy and is noted to have improvements in range of motion: she continues to have subjective complaints of pain. The submitted serial physical examinations do not indicate that the claimant has any atrophy of the shoulder girdle. Further, the records do not quantify the claimant's response to the use of TENS, as there's no indication that is resulted in functional improvements or reduction in the need for oral medications. Based upon the available data the prior utilization review determinations are appropriate and subsequently upheld.

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

References:

The 2012 Official Disability Guidelines, 17th edition, The Work Loss Data Institute. Online edition.

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](#).

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES