



Specialty Independent Review Organization

Notice of Independent Review Decision

Date notice sent to all parties: 8/4/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of TENS unit for left shoulder.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of TENS unit for left shoulder.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this worker was injured in a motor vehicle accident on xx/xx/xx. Records indicate that he sustained injuries to his cervical spine, back, and both shoulders. There is no indication of early treatment, but on May 12, 2014 performed surgery on the left shoulder. The surgery was a left shoulder acromioplasty with excision of the acromioclavicular joint. The postoperative diagnosis was impingement of the left shoulder. No rotator cuff pathology was documented.

The injured worker was followed. On May 22, 2014,. recommended that the injured worker begin physical therapy.

On June 17, 2014, provided a Letter of Medical Necessity for a trial of a TENS unit. At this time, the injured worker was experiencing moderate left shoulder pain, tenderness, moderate restriction of motion, 3+/5 shoulder strength, spasms of the left trapezius muscle, and moderate muscular atrophy. The Letter of Medical Necessity indicated that the injured worker was being treated with Tramadol, hydrocodone, heat, ice, physical therapy, massage, elevation, and a TENS unit. The injured worker did receive the TENS unit although there are two Peer Record Reviews indicating that the TENS unit was not medically necessary. A Letter of Reconsideration provided on July 21 indicated that the injured worker was utilizing a TENS unit twice a day with some relief of pain. This TENS unit allowed him to rely less on his pain medications. He continues to have left shoulder pain, weakness, muscle tightness, and restricted motion. There were short-term goals for use of the TENS unit as well as long-term goals stated in the Letter of Reconsideration.

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

This worker sustained an injury to his left shoulder in a motor vehicle accident on xx/xx/xx. The exact injury is not described but, he underwent surgery for an impingement syndrome on May 12, 2014. Ten days later, initiation of a physical therapy program was recommended. The injured worker experienced moderate left shoulder pain and tenderness, weakness, muscular atrophy, and spasms in the region of the left shoulder. Treatment included physical therapy, Tramadol, hydrocodone, heat, ice, massage, and the use of a TENS unit. It is unclear when the TENS unit was received. There are no therapy notes available for review.

ODG Guidelines recommend TENS for neuropathic pain, CRPS (I and II), phantom limb, and spasticity in SCI and multiple sclerosis. With respect to the shoulder, TENS is recommended only for post-stroke rehabilitation. A recent study showed evidence that electrical nerve stimulation reduced pain when applied to any site of musculoskeletal pain, but this study used questionable methodology and the ODG states that further evaluation is necessary before application to specific clinical practice. The CMS has stated that TENS is covered for 30 days or less for acute post-operative pain. (This injured worker is now 49 days post-op). The ODG indicates that TENS is recommended or may be used for intractable pain, but only in certain conditions, and for the shoulder, the only condition listed is post-stroke rehabilitation.

At 49 days post-surgery for a shoulder impingement syndrome, this injured worker does not meet ODG criteria for the medical necessity of a TENS unit.

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)**