

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

May/16/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

TENS Unit for purchase

Electrodes 2 X 2 12 packs

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

Board Certified Family Practice

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. The patient injured his right shoulder as a result of heavy lifting. The patient completed a course of physical therapy. MRI of the right shoulder dated 09/11/13 revealed partial intrasubstance tear/tendinosis, supraspinatus tendon of the right shoulder with mild to moderate impingement; mild bursitis; small glenohumeral joint effusion; small degenerative bone cyst versus focal bone contusion/edema, peripheral tip of clavicle at the AC joint level. Note dated 10/31/13 indicates that the patient completed 8 sessions of physical therapy with no change. Initial functional capacity evaluation dated 01/23/14 indicates that current PDL is medium and required PDL is very heavy. Follow up note dated 02/03/14 indicates that the patient underwent injection on 10/31/13. Medications are listed as Tylenol and Mobic. On physical examination Neer's test, Hawkins test, O'Brien's test and Speed's test are positive. Active range of motion is flexion 145, extension 35, external rotation 45, internal rotation 40, abduction 90 and adduction 25 degrees.

Initial request for TENS unit and electrodes was non-certified on 04/07/14 noting that there is inadequate documentation that this patient has had relief of symptoms for a one month trial period. Reconsideration letter dated 04/09/14 indicates that the patient reports having more

relief with the TENS unit and relies less on medication. The denial was upheld on appeal dated 04/28/14 noting that the documentation provided indicates a prior trial of TENS unit, but does not indicate the amount of time for this completed trial period. Additionally, the documentation does not objectively demonstrate improvements in pain and function. The provider indicates reduction in medication, but does not specify which medications and how much medication has been decreased. Short and long-term goals that are specified other than the noted decrease in pain should be documented. The documentation should indicate ongoing active treatment modalities for functional restoration.

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

The patient sustained a lifting injury to the right shoulder on xx/xx/xx and has completed a course of physical therapy as well as TENS trial. The length of the trial of TENS is not documented. Although the patient subjectively reports relief of symptoms with the TENS unit, there are no objective measures of improvement provided to establish efficacy of treatment. There are no specific, time-limited treatment goals provided. The Official Disability Guidelines report that TENS is recommended post-stroke to improve passive humeral lateral rotation, but there is limited evidence to determine if the treatment improves pain. For other shoulder conditions, TENS units are not supported by high quality medical studies. As such, it is the opinion of the reviewer that the request for TENS unit for purchase/electrodes 2 x 2 12 packs is not recommended as medically necessary.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES