

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

[Date notice sent to all parties]:

04/20/2015

IRO CASE #:

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: NMES
Neurotech DOS 12/9/2014**

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Orthopedic Surgery**

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was injured on xx/xx/xx. The patient was followed for complaints of shoulder pain with prior MRI reportedly showing small thickness tearing of the supraspinatus tendon and longitudinal split tear of the biceps tendon. The patient was seen by on 12/09/14. No physical examination was reported at this visit. Patient was pending surgical intervention and the recommendation was to utilize a NMES system twice daily for 20 minutes at a time to address disuse atrophy of the shoulder musculature. The requested NMES unit for scribed on 12/09/14 was denied by utilization review on 01/26/15 as it was unclear how the device would address the musculature of the upper extremities of the shoulder. The request was again denied on 12/27/15 as there was no evidence of the extent of atrophy in the upper extremities or range of motion measurements to support electrical stimulation via NMES therapy.

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

The patient was followed for complaints of shoulder issues stemming from rotator cuff and biceps tendon pathology. Physical examination findings are an unknown as did not report any specific physical examination findings on the 12/09/14 evaluation. No updated evaluations were available for review. Per guidelines the use of NMES device for the shoulder is under study and not recommended for pain. There are no quality trials in the current clinical literature reporting benefit from NMES therapy for chronic shoulder pain. NMES therapy has been shown to be an effective adjunct treatment following weakness for weakness following rotator cuff repair surgery. The patient was planned for surgery however it is unclear if this was ever performed. Pre-operative use of NMES device would not be supported per guidelines. There is also no indication that this would be utilized as an adjunct to therapy. Therefore it is the opinion of this reviewer that medical necessity for the requested DME is not established and the prior denials are upheld.

IRO REVIEWER REPORT TEMPLATE -WC

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

Neuromuscular electrical stimulation (NMES devices)

Under study for use with exercises to enhance the amount of force production and potentially minimize the inhibition of the rotator cuff after repair surgery. Not recommended for pain. There are no quality trials suggesting benefit from NMES for chronic pain. See the [Pain Chapter](#). Muscle weakness, particularly of shoulder external rotation, is common after rotator cuff repair surgery. NMES has been shown to be an effective adjunct in the enhancement of muscle recruitment. This study concluded that NMES may be used concomitantly with exercises to enhance the amount of force production and potentially minimize the inhibition of the rotator cuff after repair surgery. ([Reinold, 2008](#)) NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles.