

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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DALLAS, TEXAS 75231
(214) 750-6110
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DATE OF REVIEW: July 24, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

97113 – 12 sessions of aquatic physical therapy

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

Diplomate of the American Chiropractic Neurology Board

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Provider include:

- Associates P.A M.D., 11/07/01
- M.D., 11/19/01, 12/27/01, 01/31/02, 03/21/02, 05/02/02, 05/15/02, 06/06/02, 08/01/01, 09/05/02, 09/26/02, 10/30/02, 10/31/02, 11/13/02, 12/20/02, 01/27/03, 03/10/03, 08/21/03, 09/18/03, 11/12/03, 02/11/04, 05/04/04, 06/18/04, 06/21/04,

- 09/15/04, 10/27/04, 12/15/04, 01/12/05, 02/09/05, 04/08/05, 06/24/05, 08/19/05, 12/02/05, 04/07/06
- Hospital, M.D., 10/18/02, 10/31/02, 11/02/02, 11/04/02, 11/09/02, 11/23/04, 11/26/04
- Imaging & Treatment Center, M.D., 12/19/02, 03/10/03, 04/08/05, 04/17/07
- Radiology Imaging Centers, M.D., 06/11/04
- Orthopaedic Group, LLP, M.D., 06/18/04, 07/21/04, 09/15/04, 10/27/04, 12/15/04, 01/12/05, 02/09/05, 03/14/05, 04/08/05, 06/24/05, 08/19/05, 12/02/05, 04/07/06, 10/11/06, 03/21/07, 05/01/07, 06/12/07
- Rehabilitation, D.C., 05/01/07, 05/02/07, 05/22/07, 07/02/07
- Direct LLC, 05/07/07, 05/25/07

Medical records from the URA include:

- Spine & Rehabilitation, 05/02/07, 05/22/07
- Direct LLC, 05/07/07, 05/25/07

Medical records from the Carrier include:

- Consultants in Medicine, P.A., M.D., 07/01/03
- M.D., 08/21/03, 02/11/04
- Rehabilitation Center, D.C., 11/17/03
- Direct LLC, 01/12/04, 11/03/04
- M.D., 03/26/04, 09/03/04
- Imaging & Treatment Center, M.D., 04/02/04, 04/08/05, 09/20/05, 09/29/06, 11/09/06
- Hospital, M.D., 06/11/04
- Imaging Center, M.D., 06/11/04
- Orthopaedic Group, LLP, M.D., 07/21/04, 10/27/04, 04/08/05, 06/24/05, 08/19/05, 10/11/06, 03/21/07, 05/01/07
- M.D., 09/03/04
- Medical, M.D., 09/03/04
- Evaluations, D.C., 09/08/04
- Evaluations, M.D., 09/08/04
- Orthopaedic Group, LLP, M.D., 09/15/04, 12/15/04, 01/12/05, 02/09/05, 12/02/05, 04/07/06
- M.D., 10/25/04
- Hospital, M.D., 11/20/04, 11/23/04, 11/26/04
- M.D., 09/14/05, 09/23/05, 11/23/05
- Healthcare, M.D., 11/23/04
- Clinic of Texas, 11/23/04

PATIENT CLINICAL HISTORY:

Per the medical records, this patient was injured, while working as a truck driver. She was pulling a rack on a trailer when it shifted, causing an injury to her lower back. She has had x-rays. She had an interbody fusion at L5-S1, hardware removal, and replacement of the hardware.

On May 1, 2007, the patient saw M.D., who noted that she was having pain with hardware removal. She suggested a TENS unit, ice massage, and piriformis stretching, as well as physical therapy. There has been a request for aquatic physical therapy.

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

Based on my review of the medical records, I would agree with the denial as twelve sessions of aquatic therapy are not necessary per the Official Disability Guidelines. The patient should be on home directed exercises at this point.

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)**