

IRO Express Inc.

An Independent Review Organization

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DATE OF REVIEW:

JUNE 11, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

One or more areas, each fifteen minutes, aquatic therapy with therapeutic

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 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 or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

History and physical, Dr. 09/29/06

Lumbar spine x-ray, 09/29/06

Lumbar spine CT scan, 10/02/06

Office notes, Dr. 10/05/06, 10/20/06, 10/27/06, 11/28/06, 12/21/06, 01/23/07, 02/27/07, 03/27/07 and 04/24/07

Prescription for aquatic therapy, 02/27/07

Physical therapy evaluation, 02/20/07

Lumbar spine MRI, 03/08/07

Physical therapy progress note, 04/11/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant sustained a L1 compression fracture after a fall from a ladder. The records indicated that the claimant treated conservatively with a lumbar brace and medication. Follow up physician visits noted the claimant doing well until increased back pain at the L4-5 and L5- S1 level was reported on 02/27/07. A lumbar MRI, medication and aqua therapy were recommended.

On a 04/24/07 follow up physician visit, it was noted that the claimant was overall better with significant improvement with aquatic therapy but with continued low back pain. Minimal back tenderness was noted on physical examination. The physician recommended that the claimant begin water exercises on his own.

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

Therapeutic exercise does not appear to be medically necessary or reasonable in this patient who is status post L1 vertebral fracture with retropulsion within the spinal canal with intact neurologic examination and evaluation. There has been no clinical efficacy or benefit to this program.

The Spine. Rothman and Simeone Fifth Edition Chapter 69 p. 1147- 1148

Orthopedic Knowledge Update, 8, Vaccaro, editor Chapter 41 p 518, 521

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)**
 - The Spine. Rothman and Simeone Fifth Edition Chapter 69 p. 1147- 1148
 - Orthopedic Knowledge Update, 8, Vaccaro, editor Chapter 41 p 518, 521