



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: October 16, 2007

IRO Case #:

Description of the services in dispute:

1) Items in Dispute: #97113 Aquatic therapy (4 units); #97032 in Interferential (1 unit), and #97124 Massage (3 units).

A description of the qualifications for each physician or other health care provider who reviewed the decision:

This reviewer has been provided by a licensed chiropractor in active practice for over twenty years. This reviewer is a Board eligible Chiropractic Orthopedist and is a member of their state Chiropractic Association and the American Chiropractic Association. This reviewer specializes in disability evaluation, industrial injuries, roentgenology and independent medical examinations and is active in continuing education related to disability and impairment ratings. The reviewer has additional qualifications and training in Acupuncture. This reviewer is certified by their State Chiropractic Association in Industrial Disability examinations and evaluations.

Review Outcome:

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

Upheld.

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.

There is no medical necessity shown for the requested sessions of aquatic therapy, interferential current or massage.

Information provided to the IRO for review:

2875 S. Decker Lake Drive Salt Lake City, UT 84119 / PO Box 25547 Salt Lake City, UT 84125-0547
(801) 261-3003 (800) 654-2422 FAX (801) 261-3189
www.mrioa.com A URAC & NCQA Accredited Company

Records From State Of Texas:

5 pages confirmation of receipt of a request for IRO 9/27/07
1 page notice of case assignment 10/21/07
2 pages Texas Utilization Review Adverse Determination Notification dated 8/14/07 addressed to Rehab
1 page Texas Utilization Review Appeals Process Description.
2 pages Texas Utilization Review Adverse Determination Upheld dated 8/7/07 addressed to Rehab
3 pages Texas Utilization Review Determination Upheld dated 9/20/07 addressed to Rehab
1 page cover letter 9/27/07
3 pages Request for A Review By An Independent Review Organization dated 9/25/07 requested by Rehabilitations, P.A.

Records From Services:

1 page preauthorization request 9/9/07
11 pages computer-generated Initial Evaluation Narrative (99204) dated 8/7/07 from Rehab Center, P.A., signed by D.C.
4 pages Request for Reconsideration dated 8/30/07 addressed to Rehab Center, P.A., signed by D.C.
1 page Pre-Authorization Request dated 9/14/07 from Rehab Center, P.A. for 6 sessions of aquatic therapy, interferential current and massage from 9/24/07 to 10/8/07.
11 pages computer-generated Re-Evaluation Narrative (99213) dated 9/12/07 from Rehab Center, P.A., signed by D.C.
2 pages Initial Visit dated 2/28/07 from Clinic, unsigned by, M.D.
1 page prescription dated 2/28/07 from Therapy.
1 page Request for Release of Medical Records dated 2/28/07 from Clinic.
1 page Follow-Up Visit dated 3/12/07 from Clinic, unsigned by M.D.
1 page Follow-Up Visit dated 3/26/07 from Clinic, unsigned by M.D.
1 page Follow-Up Visit dated 4/10/07 from Clinic, unsigned by M.D.
1 page Follow-Up Visit dated 4/20/07 from Clinic, unsigned by M.D.
1 page superbill dated 3/26/07 from Clinic.
1 page Follow-Up Visit dated 5/1/07 from Clinic, unsigned by M.D.
1 page Follow-Up Visit dated 5/18/07 from Clinic, unsigned by M.D.
1 page Follow-Up Visit dated 5/30/07 from Clinic, unsigned by M.D.
1 page Prescription for Physical therapy 2/28/07
2 pages Initial Evaluation dated 3/8/07 from Therapy, signed by, P.T.
1 page Daily SOAP Note dated 3/8/07 from Therapy, signed by, PT.
1 page Pre-Authorization Intake Form dated 3/19/07 from Therapy for 9 visits.
1 page Daily SOAP Note dated 3/20/07 from Therapy signed by PT.

1 page Daily SOAP Note dated 3/22/07 from Therapy signed by PT.
1 page Therapy Flowsheet for dated 3/8/07.
1 page Preauthorization Request dated 5/7/07 from Services,.
1 page prescription from Services dated 4/20/07, signature illegible.
11 pages Functional Capacity Evaluation dated 4/27/07 signed by MPT.
6 pages Review of Medical History & Physical Exam dated 7/2/07, signed by M.D.
1 page Texas Workers' Compensation Work Status Report dated 8/7/07 from D.C.
1 page Pre-Authorization Request Form dated 9/5/07 from Interventional Treatment Institute for LESI, lumbar, sacral single injection and fluoroscopy (professional component).
1 page prescription dated 9/13/07 from Interventional Treatment Institute for pool therapy, signed by M.D.
2 pages Lumbar Epidural Steroid Injection-Cauda dated 9/13/07 from Interventional Treatment Institute, signed by M.D.
4 pages Initial Consultation dated 8/17/07 from Interventional Treatment Institute signed by M.D.
4 pages Texas Utilization Review Determination Notification dated 8/14/07 addressed to Rehab
3 pages utilization review dated 9/7/07 from Physician's, signed by D.C.
3 pages utilization review dated 9/19/07 from Physician's, signed by D.C.
2 pages utilization review dated 8/14/07 from Physician's, signed by D.C.
2 pages Texas Utilization Review Determination Upheld dated 9/7/07 addressed to Rehab .
2 pages Texas Utilization Review Adverse Determination Upheld dated 9/20/7 addressed to Rehab
1 page Texas Utilization Review Appeals process Description.
1 page Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 10/1/07 from Texas Department of Insurance addressed to Medical Review Institute of American, Inc.
2 pages Peer Review, undated, signed by M.D.
5 pages Medical Records Review dated 8/28/07 from D.C.
3 pages Request for Review by an Independent Review Organization dated 9/25/07 from , D.C.
1 page Texas Workers' Compensation Work Status Report dated 2/28/07.
1 page Texas Workers' Compensation Work Status Report dated 3/12/07 from M.D.
1 page Texas Workers' Compensation Work Status Report dated 3/26/07.
1 page Texas Workers' Compensation Work Status Report dated 4/10/07 from M.D.
1 page Texas Workers' Compensation Work Status Report dated 4/20/07 from M.D.
1 page Texas Workers' Compensation Work Status Report dated 5/1/07.
1 page Texas Workers' Compensation Work Status Report dated 5/18/07 from M.D.
1 page Texas Workers' Compensation Work Status Report dated 5/30/07 from M.D.
1 page dated 7/16/07, attachment to TWCC-53 dated 7/16/07 .
1 page Texas Workers' Compensation Work Status Report dated 8/7/07.
1 page letter dated 2/27/07 addressed to patient
1 page letter dated 3/1/07 for medical records.

1 page Preliminary Radiology Report dated 5/23/07 from Open MRI of the lumbar spine and right knee, signature illegible.
2 pages MRI report of the lumbar spine dated 5/23/07 from Open MRI, unsigned by M.D.
1 page MRI report of the right knee dated 5/23/07 from Open MRI, unsigned by M.D.
1 page Texas Department of Insurance form DWC0539, dated 7/16/07 signed by D.C.

Records From Rehab:

9 pages Response to the IRO Assignment and Request for Medical Records dated 10/5/07 from Rehab Center, P.A., signed by D.C.

Records :

4 pages letter dated 10/5/07 addressed to Medical Review Institute of America, Inc., signed by Attorney-At-Law.
1 page Pre-Authorization Intake Form dated 3/19/07 from Physical Therapy for 9 sessions of physical therapy.
1 page Pelvic Radiology Report dated 2/22/07 .
1 page Lumbar Radiology Report dated 2/22/07
1 page Right Knee Radiology Report dated 2/22/07 .

Patient clinical history [summary]:

The documentation provided indicates the initial request as well as a request for reconsideration were not certified by the carrier or it's representative. The facility has requested an IRO review, hence, the purpose of this review.

The records indicate the patient alleges an industrial injury while employed as a housekeeper . The patient alleges she was slipped on the floor and fell on her right knee then landing on her back on the left side. The initial complaint was low back pain and right knee pain. The patient received a more than adequate course of treatment including physical therapy, medical care as well as chiropractic care. She received x-rays, MRI's, etc. The MRI's of the lumbar spine and right knee were unremarkable for pathology. They clearly showed degenerative joint disease not any nerve root involvement in the lumbar and no damage to the right knee. Documentation indicates that on 4/10/07 and 4/20/097 the patient indicated occasional pain at the end of working all day. Range of motion on those dates were full with no evidence of restriction or limitation. There was no tenderness of the right knee. On 5/15/07 the patient indicated to Dr. that she had been fired from her job and now she had chronic back pain. A functional capacity evaluation was performed on 4/27/07 that indicated the patient was capable of performing her usual job functions. On 7/2/07

Dr. stated the patient had achieved maximum medical improvement and recommended a 5% whole body impairment rating. On 7/16/07 the patient requested that Dr. I become her primary treating doctor of chiropractic.

On 8/7/07 Dr. prepared and submitted an initial evaluation narrative that indicated the patient's complaint was moderate and constant low back pain and slight and occasional right knee pain. The doctor indicates the patient self-described her pain level as 7/10 as to her low back and 4/10 as to her right knee. The only measurable objective finding was a slight decrease in lumbar range of motion and knee range of motion. Dr. diagnosed lumbar spine sprain/strain, right knee sprain/strain and bilateral sacroiliac joint dysfunction (non-allopathic lesion). (The original diagnoses upon intake by the first provider was, right knee contusion, lumbar strain and thoracic sprain) The doctor indicates treatment of the lumbar spine was to be 6 visits over 2 weeks then up to 18 visits over 6 to 8 weeks; 10 visits over 8 weeks for the alleges sprain/strain of the sacroiliac region and 12 visits over 8 weeks for the right knee complaint. Also to be provided was 6 sessions of aquatic therapy, 6 sessions of interferential current and 6 sessions of massage all over a period of 2 weeks. One of the reasons given for the need for aquatic therapy was the fact the patient was obese and has deficits that preclude her from lifting, sitting, standing and activities of daily living. These requests were not certified and the doctor requested reconsideration.

On 9/12/07 Dr. submitted a re-evaluation narrative that indicated the patient's complaints remained the same and in the same areas. The range of motion studies had worsened, not improved as would be expected if the treatment was medically necessary and was efficacious. Dr. referred the patient to the Interventional Treatment Institute for lumbar epidural steroid injection, although there is no documentation that indicates any nerve root involvement or radiculopathy. It is not clear why the ESI was ordered or certified, if it was. The medical doctor who performed the ESI prepared a script for aquatic therapy that is the basis of the request from Dr.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision:

Dr. submits a great deal of computer-generated documentation with much that is extraneous to the issues at hand.

The first issue to address concerns the aquatic therapy, interferential current and massage to the right knee. The original diagnosis from Dr. was right knee contusion. Dr. changed the diagnosis to right knee sprain/strain. The patient received a plethora of treatment to the right knee prior to ever coming to Dr. By the time the patient was initially seen by him the alleged injury was already 6 months old and would not have been acute. Prior to seeing Dr. the patient had told a previous provider she had a little tenderness but there was a full range of motion. The documentation does

not support the hypothesis the patient needed aquatic therapy for a contusion or even a sprain/strain. The usual physical therapy would be up to 9 visits over a maximum of 8 weeks. That would have been the recommendation for an acute injury, but in the present case the patient was not acute. There is no nationally recognized, evidence-based medical guideline that recommends aquatic therapy for a knee contusion or sprain/strain. The usual course would be RICE: rest, ice, compress, elevate. The Official Disability Guidelines indicate, "A randomized controlled trial of the effectiveness of water-based exercise concluded that group-based exercise in water over 1 year can produce significant reduction in pain and improvement in physical function in adults with lower limb arthritis, and may be a useful adjunct in the management of hip and/or knee arthritis. (Cochrane, 2005) In the present case the diagnosis was right knee contusion and then Dr. Howell's change of diagnosis to right knee sprain/strain. Sprain/strains of the knee don't require immersion in water, especially for a complaint that is not acute.

The next issue concerns the lumbar sprain/strain that was treated with aquatic therapy, interferential current and massage. The Official Disability Guidelines, Treatment Index-Low Back does not recommend or even refer to aquatic therapy for a lumbar sprain/strain. What it recommends is a self-directed home exercise program. If the presentation of the patient to Dr. had been when the alleged injury first occurred the recommended course of treatment would have been up to 10 visits over 5 weeks with decreasing frequency. In the present case the patient was not acute when first presenting to Dr. 's office. It is noted that the doctor of chiropractic, Dr. did not indicate he was providing any chiropractic treatment only physical therapy modalities/procedures.

The Official Disability Guidelines indicates, as to interferential current therapy, "Not recommended. Interferential current stimulation is considered investigational. Interferential current works in a similar fashion as TENS, but at a substantially higher frequency (4000-4200 Hz). See the Pain Chapter for more information and references. See also Sympathetic therapy." The Centers for Medicare & Medicaid Services indicates, "Use of neuromuscular electrical stimulation is limited to treatment of muscle atrophy and spinal cord injuries." ODG indicates, "Neuromuscular electrical stimulators - Not recommended except for spinal cord injuries." There is insufficient evidence from peer-reviewed medical literature to support the use of interferential therapy (IF) in pain relief associated with soft issue injury. Randomized controlled trials fail to document any beneficial effect on health outcomes greater than that seen with placebo therapy. Therefore, interferential therapy should be considered an unproven treatment, therefore not medically necessary, for musculoskeletal pain or injury. Passive Physical Modalities -QualityFIRST guidelines indicates, "Studies have yielded mixed evidence regarding whether these modalities have any beneficial effect on clinical outcomes, and the current consensus in the literature is that more good quality clinical studies are needed. Because passive modalities may reinforce to patients an image of illness and disability, they may discourage the preferred early return to light, normal activity." The official Disability Guidelines indicates, massage, "Recommended as an option. Some proven efficacy in the

treatment of acute low back symptoms, based on quality studies, and there is substantial anecdotal evidence. (Furlan–Cochrane, 2002) (Werners, 1999) (Cherkin, 2001) (Cherkin–Annals, 2003) (Sherman, 2004)." The recommendation is as an option, not that massage has been scientifically proven to be efficacious or has any impact in a patient's outcome. It simply feels good. Ezzo, et al, in their 2007 study indicate, "No recommendations for practice can be made at this time because the effectiveness of massage for neck pain remains uncertain. Pilot studies are needed to characterize massage treatment (frequency, duration, number of sessions, and massage technique) and establish the optimal treatment to be used in subsequent larger trials that examine the effect of massage as either a stand-alone treatment or part of a multimodal intervention. For multimodal interventions, factorial designs are needed to determine the relative contribution of massage. Future reports of trials should improve reporting of the concealment of allocation, blinding of outcome assessor, adverse events, and massage characteristics. Standards of reporting for massage interventions, similar to Consolidated Standards of Reporting Trials, are needed. Both short and long-term follow-up are needed." While this study concerned the cervical region it is applicable to any part of the body. Muller and Giles in their 2005 study indicate, "A thorough systematic review of the literature indicates that evidence-based knowledge (ie, originating from randomized clinical trials using standardized treatment regimens) about the short-term efficacy of different conservative treatment regimens for chronic spinal pain syndromes is scarce, and it is virtually nonexistent with respect to long-term benefit." "Very few long-term (i.e., of at least 1-year follow-up) clinical trials of treatment(s) of patients with various spinal problems could be located for low-back pain and chronic neck pain." In other words, there is a serious lack of high-quality scientific studies that clearly indicate the efficacy of passive treatment for a patient's perceived chronic pain complaints, with very little short-term benefit and almost no long-term benefit shown. As has been shown by the previous citations, there is no high-quality support for the use of aquatic therapy, interferential current or massage in treating a non-acute complaint or even a chronic complaint.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- 1) Official Disability Guidelines. Work Loss Data Institute, 12th Edition, 2007. Treatment Index–Knee.
- 2) Muller L, Giles R. Long-Term Follow-Up of a Randomized Clinical Trial Assessing the Efficacy of Medication, Acupuncture, and Spinal Manipulation for Chronic Mechanical Spinal Pain Syndromes. J Manip Physio Ther 2005;28: 1; 3–11.
- 3) Official Disability Guidelines. Work Loss Data Institute, 12th Edition, 2007. Treatment Index–Low Back.

- 4) Official Disability Guidelines. Work Loss Data Institute, 12th Edition, 2007. Treatment Index–Pain (Chronic).
- 5) Johnson MI, Tabasam G. A single–blind investigation into the hypoalgesic effects of different swing patterns of interferential currents on cold–induced pain in healthy volunteers. Arch Phys Med Rehabil. 2003 Mar; 84(3): 350–7.
- 6) Minder PM, Noble JG, Alves–Guerreiro J, et al. Interferential therapy: lack of effect upon experimentally induced delayed onset muscle soreness. Clin Physiol. Funct Imaging. 2002 Sep; 22(5): 339–47.
- 7) Werners R, Pynsent PB, Bulstrode CJK. Randomized trial comparing interferential electrotherapy with motorized lumbar traction and massage in the management of low back pain in a primary care setting, Spine. 1999; 24 (15): 1579–84.
- 8) Centers for Medicare & Medicaid Services. NCD for Neuromuscular Electrical Stimulation (160.12) Pub. No. 100–3. Man. Sect. No. 160.12I Version No. 1.
- 9) QualityFIRST Guidelines, McKesson Health Solutions, LLC. Chronic Pain Section, Knee Pain Section, Thoracic and Low Back Pain Section.
- 10) Ezzo J, et al Spine. February 1, 2007; Vol. 32, Iss. 3, pp. 353–362.