

DATE OF REVIEW:

10/03/2007

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Aquatic Therapy (CPT 97110).

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

Board Certified Physical Medicine and Rehabilitation Physician.

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.

Aquatic Therapy (CPT 97110) is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 09/14/07
- MCMC Referral dated 09/14/07
- DWC-73: Work Status Reports from, PA (two, undated)
- DWC-73: Work Status Reports dated 05/03/07, 04/04/07 and four undated
- DWC: Notice To Utilization Review Agent Of Assignment dated 09/13/07 from
- DWC: Notice Of Assignment Of Independent Review Organization dated 09/13/07
- DWC: Confirmation Of Receipt Of a Request For a Review dated 09/12/07
- LHL009: Request For a Review By An Independent Review Organization dated 09/05/07
- M.D.: Appeal of Physical Therapy Denial dated 08/29/07
- Center: Letter dated 08/22/07 from, PT
- Pre-Authorization Determinations dated 08/30/07, 08/21/07
- Request for Preauthorization, undated (faxed 08/15/07)
- Center: Handwritten notes dated 08/14/07
- M.D.: Prescription notes dated 05/29/07 (two), 03/07/07, 03/02/07, 11/14/06
- M.D.: Letter of Medical Status dated 03/31/07
- M.D.: Letter dated 03/23/07
- PAC: Prescription notes dated 11/07/06, 04/13/06, 03/27/06
- Medical: Handwritten notes dated 11/06/06 (two)
- M.D.: NCS/EMG report dated 05/09/06
- Center: MRI LS spine dated 05/08/06
- MRI lumbar spine dated 08/31/04

- PA: Office visit notes, undated (three)
- M.D.: Office visit notes, undated (seven)
- Fax from Texas Department of Insurance to MCMC, LLC dated 09/28/07
- Fax from to MCMC, LLC dated 09/28/07
- Letter dated 09/26/2007 to from
- Initial Evaluation/Examination (Physical Therapy) dated 06/07/07
- Physical Therapy /Treatment Note dated 06/07/07
- Physical /Treatment Note dated 06/25/07
- Discharge Summary dated 07/05/07
- Official Disability Guidelines not received from Carrier

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male who worked as a. MRI shows multi-level degenerative changes of the lumbar spine. Electrodiagnostic studies are within normal limits. The injured individual reported pain on xx/xx/xx after assisting with lifting a patient from the floor. The injured individual had physical therapy, which was stopped secondary to increased pain. The injured individual began aquatic therapy, which was discontinued due to a reaction to a pool chemical. The injured individual has been given a home exercise program by this physical therapist.

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

The injured individual has been given a written program of home exercises to perform two times per day. Review of aquatic therapy notes indicate the injured individual had improvement with kicking exercises in the water. This can be accomplished without the supervision of a physical therapist. The injured individual has a chronic condition of the lumbar spine, which is evident in the multi-level degenerative changes on MRI. Official Disability Guidelines (ODG) support physical therapy in some acute conditions. In chronic conditions, exercise is recommended. The supervision of a physical therapist in exercise therapy is not supported by the ODG or peer reviewed medical literature.

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

- **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**