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Notice of Independent Review Decision

DATE OF REVIEW: August 18, 2008 **AMENEDED 08-19-08**

IRO CASE #:

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

This case was reviewed by an orthopedist, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

18 sessions of aquatic physical therapy

REVIEW OUTCOME

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

Overtured (Disagree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o March 8, 2007 the lumbar spine MRI report by , M.D.
- o January 11, 2007 through June 16, 2008 medical records from
- o March 31, 2008 withdrawal notice from
- o June 11, 2008 preauthorization request from
- o June 17, 2008 adverse determination notice from
- o August 5, 2008 dispute resolution for physical therapy report from , D.C.
- o July 15, 2008 adverse determination from
- o January 18, 2007 through July 3, 2008 medical records from , M.D.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records, the patient sustained an industrial injury on xx/xx/xx. A request for aquatic therapy was non-certified in peer review on June 17, 2008. The report states that the patient is a xx year old who had a second significant lumbar surgery two months previous. This constitutes the first request for postoperative therapy. The report states that aquatic therapy can be useful in unloading the lumbar spine for enhanced effect of the physical therapy. The physician stated that he could certify 12 sessions at this time, not 18, with required quantitative measurement progress reports for the therapy sessions. It states that the administrative rules prevent certification of requests other than the official request without contact with the provider. Given that he was unable to contact the physician, a certification was not rendered.

The records also include a July 15, 2008 utilization review report which states that the patient had primary lumbar spine surgery on November 25, 2005 and lumbar spine reconstruction on April 23, 2008. The report quotes the ODG guidelines suggesting that aquatic therapy can be an option to traditional therapy when there can be distinct benefits gained by the reduced weight bearing in an aquatic setting. The report notes that in this particular case, there is no discussion in that regard within the medical records provided and the individual has already been through a land-based therapy program. Based on that information, the reviewer stated that it is unclear as to the indications for aquatic therapy.

A medical dispute resolution for physical therapy letter was submitted, dated August 5, 2008. The report states that the first

peer-reviewer agreed that aquatic physical therapy is medically necessary. Due to the soft tissue injuries resulting from the surgery in April 2008, postoperative aquatic rehab is medically necessary. Postoperative rehab will help the patient heal the damage caused by the surgery according to the letter. The letter states that nonweight bearing exercises are the preferred treatment for postsurgical patients. Resistive exercise are provided in the pool and will increase muscle tone and mass as well as improve function and stability. The letter answers the second utilization review report stating that there has been no physical therapy provided to the patient since the last surgery. The letter quotes the ODG stating that it is recommended as an optional form of exercise therapy, where available. There may be advantages to weightless running in back pain recovery according to the ODG.

A June 3, 2008 office visit note states that the patient has not had any physical therapy to date. X-rays of the lumbar spine including flexion-extension views reportedly revealed L4-5 and L5-S1 decompression with anterior instrumentation and posterior instrumentation with cross-links at L4-5 and L5-S1 with retained EBI transmitter unit electrode with global bone graft with no motion on flexion-extension views. There was no evidence of adjacent segment disease.

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

The medical records now reflect that the patient has not undergone postoperative physical therapy. The Official Disability Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy. The section regarding aquatic therapy refers the reader to the physical therapy portion of the guidelines for frequency and duration. The requested number of visits of 18 fall within the recommended range post-operatively. Therefore, my recommendation is to overturn the previous non-certifications of the request for 18 sessions of aquatic physical therapy.

The IRO's decision is consistent with the following guidelines:

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

Official Disability Guidelines: Low Back

Aquatic Therapy:

Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing

is desirable, for example extreme obesity. There may be advantages to weightless running in back pain recovery. (Ariyoshi, 1999) (Burns, 2001) For recommendations on the number of supervised visits, see Physical therapy.

ODG Physical Therapy Guidelines -

Allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.

Lumbar sprains and strains (ICD9 847.2):

10 visits over 8 weeks

Sprains and strains of unspecified parts of back (ICD9 847):

10 visits over 5 weeks

Sprains and strains of sacroiliac region (ICD9 846):

Medical treatment: 10 visits over 8 weeks

Lumbago; Backache, unspecified (ICD9 724.2; 724.5):

9 visits over 8 weeks

Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8):

Medical treatment: 10 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks

Post-surgical treatment (arthroplasty): 26 visits over 16 weeks

Post-surgical treatment (fusion): 34 visits over 16 weeks

Intervertebral disc disorder with myelopathy (ICD9 722.7)

Medical treatment: 10 visits over 8 weeks

Post-surgical treatment: 48 visits over 18 weeks

Spinal stenosis (ICD9 724.0):

10 visits over 8 weeks

See 722.1 for post-surgical visits

Sciatica; Thoracic/lumbosacral neuritis/radiculitis, unspecified (ICD9 724.3; 724.4):

10-12 visits over 8 weeks

See 722.1 for post-surgical visits

Curvature of spine (ICD9 737)

12 visits over 10 weeks

See 722.1 for post-surgical visits

Fracture of vertebral column without spinal cord injury (ICD9 805):

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 34 visits over 16 weeks

Fracture of vertebral column with spinal cord injury (ICD9 806):

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 48 visits over 18 weeks

Work conditioning (See also Procedure Summary entry):

10 visits over 8 weeks