

REVIEWER'S REPORT

DATE OF REVIEW: 01/04/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Twelve sessions of aqua therapy for treatment of lower back pain (97530).

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified Psychiatrist and Specialist in Physical Medicine and Rehabilitation, with advanced training in Pediatrics, Internal Medicine, and specialization in Physical Medicine and Rehabilitation.

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial and criteria utilized in denial
3. ER documentation
4. Orthopedic office visits 09/19 & 10/17/07
5. Epidural steroid injection report 10/26/07
6. Radiology reports
 - 08/23/07 – MRI right shoulder & lumbar spine
 - right tibia
 - right knee, hip, elbow, shoulder
 - pelvis
 - lumbar spine
7. Work status reports– 10/17/07 (8 reports)

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The history is that of a gentleman working for a landscaping company who fell and went to the emergency room. He has had some therapy, an epidural injection, and other treatment. His physical examination by his treating physician was fairly complete by current standards. However, there was no thorough mechanical assessment, nor any determination as to what mechanical movements might improve or worsen the patient's symptoms. There was no basis in the examination for the type of therapy that has been or is being recommended.

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

My analysis of the request for hydrotherapy, twelve sessions, is that this has not been documented in any of the guidelines or literature to be anything more than a comfort-type

therapy. All of the therapy provided in water can be provided on land, and virtually all of the therapy can be provided by a simple teaching of the patient to treat himself. The shoulder injuries, lower back injury, and hip injuries can all be improved with simple range of motion and strengthening exercises that can be identified based on the physical examination and then taught to the patient with maximum of maybe three to six visits. The use of water is primarily for un-weighting the patient or perhaps soothing with heat. A hot shower can provide this same soothing comfort.

The guidelines cited in other two reviews, namely from the Official Disability Guidelines and also the ACOEM Guidelines identify the lack of evidence for the use of hydrotherapy in treating a case such as this.

Based upon my clinical skills, and particularly the training in mechanical diagnosis and therapy, it appears quite clear that the patient's problems can be resolved with a simple exercise program, probably favoring extension. The examination by the patient's orthopedic surgeon does not indicate that this has been done.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)