



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 05/09/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Aquatic therapy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., Board certified in Physical Medicine and Rehabilitation, Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. I reviewed a request for the independent review organization dated 04/21/08.
2. I reviewed notes from Medical Center. He is status post brachial plexus neuroplasty as of 01/14/08, a XX-year-old male. He has had pain around his midthoracic spine and the right brachial plexus area.
3. I reviewed therapy notes where he was doing rowing, boxing, and butterflies.
4. I reviewed a report of 02/05/08 of Dr. . Apparently sometime about 05/31/05 he had an EMG study showing a C6 radiculopathy. He underwent a decompressive surgery of the brachial plexus on 05/31/07 and postoperatively had complaints of numbness and tingling in this right upper extremity, although his shoulder was markedly improved. He was found to be at MMI by Dr. on 06/18/07 with an 11% whole person impairment rating. Subsequently a 11/21/07 report was apparently issued, modifying that to an 18% whole person impairment rating.

5. I reviewed a 02/22/08 report from Dr. .
6. I reviewed a report from Dr. dated 03/07/08.
7. I reviewed a report from Dr. dated 03/28/08.
8. I reviewed a report from Dr. dated 04/09/08.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This is a XX-year-old former employee at who sustained a work-related injury on XX/XX/XX involving his right shoulder area. He felt a pop in the anterior and posterior aspects of his shoulder. He went on to have an MRI scan of the cervical spine, which identified degenerative changes. He went on to have EMG studies on several occasions, finding different results each time. At one point it was a C6 radiculopathy on the right side, at one point it was a brachial plexopathy, and at one point it was involvement of the suprascapular nerve as well as potentially the long thoracic nerve. After he had his surgical decompression, he went on to have rehabilitation. Despite the attempts at rehabilitation, he has continued with symptomatology and has been given impairment ratings ranging anywhere from 16% to 18%. All the examiners have determined him to be at maximum medical improvement. He has had aquatic therapy in the past but relapsed when he came out of it, apparently. The records do not document any significant functional gains. He appeared to be participating appropriately in the land-based physical therapy based on the notes I reviewed.

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

The brachial plexus injury is not the type of injury that requires a nonweightbearing status such as that which is achieved in an aquatic therapy program. While this may be appropriate for lower extremity and back injuries, the reasonableness for a brachial plexus injury is not clearly identified in the literature, and it does not, in my opinion, make any clinical sense as to what could be achieved there that could not be achieved on ground. He has already demonstrated capacity to do resistance exercises in land-based therapy. It does not appear that he has made any sustained gain in the aquatic therapy, based on the documents from his treating physicians, based on him being at maximum medical improvement. Based on the nonweightbearing nature of the brachial plexus injury and based on his failure to demonstrate sustained relief and functional improvement following aquatic therapy to me would suggest this is not a necessary program of care for this gentleman. He has already received extensive physical therapy and has exceeded the recommendations for rehabilitation as discussed in the ODG Guidelines.

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

(Check any of the following that were used in the course of your review.)

_____ 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.)