



Medical Review Institute of America, Inc.

America's External Review Network

Amended Review 6/10/08:

DATE OF REVIEW: May 30, 2008

IRO Case #:

Description of the services in dispute:

Request: Twelve sessions of aquatic therapy

This is the final level appeal of services being denied by insurance as not medically necessary.

Please review all submitted information and advise.

1. Do you uphold or overturn prior denials? Please give clear detailed reason for your decision.

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

The chiropractor providing this review received his degree in chiropractic in 2000. The reviewer is a member of the American College of Sports Medicine, the Meckenzie Institute, the Occupational Injury Prevention and Rehabilitation Society, the International Association of Rehabilitation Professionals and the National Safety Council. The reviewer is pursuing additional qualifications as a diplomate in rehabilitation. They are also pursuing Occupational Health and Safety Technologist certification in preparation for their Certified Safety Boards. The reviewer also works as a review doctor for their state workers compensation commission in the medical dispute resolution process.

Review Outcome

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

Upheld

The provider has not established any degree of clinical data to warrant the continuation of PT applications that include and are not limited to Aquatic based therapeutics for the management of this claimant's work related injury.

Patient clinical history [summary]

The claimant is a female who was involved in a work related event on xx/xx/xx. MR imaging of the left shoulder on 03/09/07 revealed small joint effusion and moderate tendinopathy. An impairment

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evaluation was performed on 04/24/07 by , MD, that revealed a diagnosis of bursitis and myofascial pain of the left shoulder; myofascial treatment was advised over a controlled course, it was noted that the claimant was not a surgical candidate, and that she has received an inappropriate degree of chiropractic care. Data from visit with , MD, on 06/20/07 revealed a diagnosis of left shoulder internal derangement syndrome and myofascial pain syndrome; the claimant had completed a course of steroid injections with PT applications. Functional Capacity testing performed by , DC, revealed diagnoses of impingement, cervicgia, and myofascial pain; FCE data revealed AROM reductions over the L/R shoulder over most planes, Light PDL. A reconsideration request for 12 sessions of Aquatic Therapy was made on/about 03/31/08.

There is no clinical rationale in the provided medical record to reverse the prior denials made by utilization review regarding the purposed course of 12 sessions of aquatic therapy applications in the management of this claimant's condition. There is no quantitative/qualitative basis that has been presented to illustrate rationale for the transition of this claimant to a water based therapy program versus a home exercise program designed specifically for her functional deficits. The use of aquatic applications at this stage is highly atypical in the progression of this claimant's functional recovery and may prove to further limit her return to general industry.

ODG Physical Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 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.

Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12):

Medical treatment: 10 visits over 8 weeks

Sprained shoulder; rotator cuff (ICD9 840; 840.4):

Medical treatment: 10 visits over 8 weeks

A recent structured review of physical rehabilitation techniques for patients with subacromial impingement syndrome found that therapeutic exercise was the most widely studied form of physical intervention and demonstrated short-term and long-term effectiveness for decreasing pain and reducing functional loss.

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

The provider has not established any degree of clinical data to warrant the continuation of PT applications that include and are not limited to Aquatic based therapeutics for the management of this claimant's work related injury.

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

ODG Treatment Integrated Treatment/Disability Duration Guidelines Shoulder (Acute & Chronic)

1378788.1

cbs

060208cbs

061008cbs