



**REVIEWER'S REPORT**

**DATE OF REVIEW:** 08/11/09

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Nine sessions of aquatic physical therapy

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

**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)

Medical necessity has not been demonstrated for the requested nine sessions of aquatic physical therapy.

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI referral
2. SRS URA denials, June 1 to June 22, 2009
3. CPR, PT evaluation, July 13, 2009
4. RN, office notes, November 9, 2007 to July 9, 2009
5. MD, office notes, August 8, 2007 to June 11, 2009

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This individual was injured in xxxx and has had multiple spinal surgeries including fusions. Injections have not provided long-term relief. He has been maintained for several years on opiate and analgesic therapy. He does have complicating medical issues

and is deemed not to be a surgical candidate. There has been spasm described on physical examination for several years.

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

The ODG Guidelines stipulate the number of sessions of therapy for various spine disorders. The lumbar guidelines include three visits per week for maximum of nine visits. Post surgical treatment for fusion is 34 visits over sixteen weeks. There is no documentation as to how much physical therapy has been provided. Therefore, it is not reasonable to perform additional physical therapy nine years after the injury.

**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.)