

US Resolutions Inc.

An Independent Review Organization

71 Court Street

Belfast, Maine 04915

Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 15, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Aquatic Pool Therapy 3x/wk x 4 wks lumbar 97113

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

M.D., Board Certified in Physical Medicine and Rehabilitation

REVIEW OUTCOME

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

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

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The reviewer finds that medical necessity does not exist for Aquatic Pool Therapy 3x/wk x 4 wks lumbar 97113.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 1/15/09, 1/23/09

MD, Undated notes, 12/8/08, 12/9/08

Radiology Report, 8/21/08

12/16/08, 12/18/08

Dr. , MD, 11/10/08

, MD, 8/13/08, 9/8/08, 11/3/08

PT Notes, 12/16/08, 1/7/09, 1/8/09, 1/9/09, 1/13/09, 1/15/09

ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx year old man reportedly injured on xx/xx/xx. He had two prior back operations (1978 and 1994). He reports back pain going to both lower extremities. An MRI described multiple level degenerative changes including disc bulges at L1/L2, L2/L3, and L5/S1. There is a small central herniation at L4/5 with mild central stenosis at this level. The MRI did not describe nerve root compromise. An EMG failed to demonstrate a radiculopathy. No neurological loss was described on some physical examinations; others described an S1 dermatome pattern on the right. . A CT myelogram is pending. Physical therapy was ordered. There is an assessment dated 12/10/08 and treatment dates for 1/7, 1/8, 1/9, 1/13 and 1/15/09. This totals 6 sessions of physical therapy. These therapy sessions were for hot packs and massage.

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

The requested sessions are at intensity more frequent than ODG recommendations provide for, and there is no explanation as to why these guidelines should not be followed in this particular case. This claimant has already had at least 6 sessions of physical therapy according to the records presented for review, albeit these were for a passive program. The request for 12 sessions over 4 weeks of aquatic therapy does not meet the criteria utilized by the ODG. The reviewer finds that medical necessity does not exist for Aquatic Pool Therapy 3x/wk x 4 wks lumbar 97113.

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](#), including assessment after a "six-visit clinical trial".

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

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..

Intervertebral disc disorder with myelopathy (ICD9 722.7)

Medical treatment: 10 visits over 8 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

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 FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)