



Notice of Independent Review Decision
IRO REVIEWER REPORT

DATE OF REVIEW: 7/30/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for CPT codes 97113 (aquatic therapy), 97112 (neuromuscular reeducation), 97035 (ultrasound) and 97032 (electrical stimulation).

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

Texas licensed neurological surgeon.

REVIEW OUTCOME:

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

- | | |
|----------------------------------------------------------|----------------------------------|
| <input type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input checked="" type="checkbox"/> 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 previously denied request for CPT codes 97113 (aquatic therapy), 97112 (neuromuscular reeducation), 97035 (ultrasound) and 97032 (electrical stimulation).

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Request for Review dated 7/12/10.
- TX Result Report dated 7/11/10.
- Functional Capacity Evaluation Initial dated 7/5/10.
- Review Outcome Letter dated 6/24/10,6/15/10.
- Texas Worker's Compensation Authorization Request dated 6/9/10.
- Request dated 6/4/10.
- Physical Therapy Initial Evaluation dated 6/8/10.
- Visit Notes dated 5/24/10.
- Progress Notes dated 5/17/10, 5/10/10, 5/8/10, 4/26/10.
- Texas Compensation Work Status Report dated 5/10/10, 4/26/10.

- Referral Request unspecified date.
- Lumbar Spine Series – Five views dated 5/4/10.
- MRI of the Lumbar Spine dated 5/4/10.
- Employers First Report of Injury or Illness unspecified date
- Return to work activity Prescription dated 4/26/10
- Independent Review Organization Summary dated 4/24/10.

There were no guidelines provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Female

Date of Injury: xx/xx/xx

Mechanism of Injury: Cleaning a fryer at work.

Diagnosis: Lumbago

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

This female sustained an injury on xx/xx/xx, when she was cleaning a fryer at work. Her diagnosis was lumbago. She complained of low back pain radiating down the right leg. She has had medications. An Independent Medical Evaluation (IME), on 7/05/10, revealed symptom magnification. The neurological examination revealed slightly blunted Achilles reflexes bilaterally. An MRI of the lumbar spine, on 5/04/10, revealed no disc protrusion, bulging or neural compromise. There were inflammatory facet joint changes on the left at L4-5 and L5-S1. There was a bone contusion involving the right L4 and L5 pedicles and articulating facets without evidence of a fracture. The provider is requesting CPT codes 997113, 97112, 97035, and 97032.

The medical necessity was not established for the request as submitted. While the patient may benefit from a standard course of active physical therapy, not all of the requested modalities are supported as standard treatment modalities. Specifically, 97035 (ultrasound), 97113 (aquatic therapy) and 97032 (electrical stimulation) are not recommended by the ODG. The current guidelines do not recommend electrical neurostimulation as there is insufficient evidence demonstrating efficacy. Therapeutic ultrasound is also not recommended as medical evidence does not show there is proven efficacy of treatment of low back symptoms. Additionally, it was unclear why this patient would require aquatic therapy, as this is only recommended for patients where reduced weight bearing is recommended, such as for patients with extreme obesity. There was no evidence this patient would be unable to tolerate land-based therapy. According to the ODG, "Low Back" chapter, in general, aquatic therapy is indicated as an optional form of exercise therapy "as an alternative to land-based physical therapy when it is desirable to minimize the effects of gravity." There was no evidence to support the use of this type of treatment modality for this patient. Also, according to the ODG, "Low Back" chapter, "The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes." "The most commonly used active treatment modality is therapeutic exercises (97110), but other active therapies may be recommended

as well, including neuromuscular reeducation (97112).” Therefore, 97112 is medically necessary, as this is a form of active physical therapy.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
 - Official Disability Guidelines (ODG), Treatment Index, 8th Edition (web), 2010, Low back – Physical therapy and Modalities.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).